

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Elise for Congress

ADDRESS (number and street)

PO Box 500

Check if different  
than previously  
reported. (ACC)

Willsboro

NY

12801

2. FEC IDENTIFICATION NUMBER ▼

C

C00547893

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

21

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2015

through

M M / D D / Y Y Y Y  
06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James E. Morris

Signature of Treasurer

James E. Morris

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
07 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 168

Write or Type Committee Name

Elise for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	317692.05	642641.79
(b) Total Contribution Refunds (from Line 20(d)) .....	43.30	43.30
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	317648.75	642598.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	89281.79	315324.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	350.53	10963.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	88931.26	304361.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	608874.43	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	35000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 168

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Elise for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

81907.05

228167.84

(ii) Unitemized.....

3560.00

14679.00

(iii) TOTAL of contributions from individuals ▶

85467.05

242846.84

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

232225.00

399794.95

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

317692.05

642641.79

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

120107.88

121016.42

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

350.53

10963.12

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

438150.46

774621.33

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 168

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	89281.79	315324.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	35000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	35000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	43.30	43.30
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	43.30	43.30
21. OTHER DISBURSEMENTS .....	0.00	1000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	89325.09	351367.74

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	260049.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	438150.46
25. SUBTOTAL (add Line 23 and Line 24).....	698199.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	89325.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	608874.43

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**DAVID S. ADDINGTON**

Mailing Address 103 W MAPLE ST

City

ALEXANDRIA

State

VA

Zip Code

22301-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE HERITAGE FOUNDATION

Occupation

GROUP VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2015

Transaction ID : SA11.5284

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THELMA ASKEY**

Mailing Address 2811 N GEORGE MASON DRIVE

City

ARLINGTON

State

VA

Zip Code

22207-1767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

TRADE-ECONOMICS-DEVELOPMENT CONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		14		2015

Transaction ID : SA11.5387

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. PAUL M. ATTYAH**

Mailing Address 908 S GRANVILLE AVE APT #5

City

LOS ANGELES

State

CA

Zip Code

90049-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR/CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5126

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ERIC AXEL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015	
Mailing Address 2701 ENID DRIVE		<b>Transaction ID : SA11.5435</b>	
City PLANO	State TX	Zip Code 75093-1908	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer ECA STRATEGIES	Occupation CONSULTANT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>H. DOUGLAS BARCLAY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 02 / 2015	
Mailing Address 4360 STATE ROUTE 13		<b>Transaction ID : SA11.5124</b>	
City PULASKI	State NY	Zip Code 13142-2154	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer HISCOCK & BARCLAY	Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>CHARLES BASS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	
Mailing Address P.O. BOX 210		<b>Transaction ID : SA11.5199</b>	
City PETERBOROUGH	State NH	Zip Code 03458-0210	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer GREENBERG TRAURIG, LLP	Occupation GOVERNMENT RELATIONS		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1000.00	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**BRENDA L. BECKER**

Mailing Address 8214 MACK ST

City

ALEXANDRIA

State

VA

Zip Code

22308-1653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOSTON SCIENTIFICOccupation  
SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5452

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DAVID BOYER JR.**

Mailing Address 11100 DEVILLE ESTATES DR

City

OAKTON

State

VA

Zip Code

22124-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLOBAL WATCH TECHNOLOGIESOccupation  
CHIEF EXECUTIVE OFFICER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

Transaction ID : SA11.5236

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GILA BRONNER**

Mailing Address 120 NORTH LA SALLE STREET

City

CHICAGO

State

IL

Zip Code

60602-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRONNER GROUP, LLCOccupation  
GOVERNMENT CONSULTING

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5451

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

MR. CRAIG A. BUCKHOUT

Mailing Address 2939 LYN RD

City

CAZENOVIA

State

NY

Zip Code

13035-9454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROCKBRIDGE INVESTMENT MANAGEMENT

Occupation

PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5127

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAVID M. BUICKO

Mailing Address 120 CHRISTOPHER LANE

City

ALTAMONT

State

NY

Zip Code

12009-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROTTERDAM VENTURES

Occupation

COO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		18		2015

Transaction ID : SA11.5083

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RONALD L. BUTLER

Mailing Address 2099 SARANAC AVE

City

LAKE PLACID

State

NY

Zip Code

12946-1178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

QUALITY INN LAKE PLACID

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5445

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**SUSAN C. BUTLER****A.**

Mailing Address 108 HARVARD STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-2713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITOL RESOURCES LLC

Occupation

LOBBYIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2015

**Transaction ID : SA11.5473**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. JOHN CATSIMATIDIS****B.**

Mailing Address 817 FIFTH AVE

City

NEW YORK

State

NY

Zip Code

10065-7254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED REFINING COMPANY

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2015

**Transaction ID : SA11.5122**

Amount of Each Receipt this Period

5400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. JOHN CATSIMATIDIS****C.**

Mailing Address 817 FIFTH AVE

City

NEW YORK

State

NY

Zip Code

10065-7254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED REFINING COMPANY

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2015

**Transaction ID : SA11.5122B**

Amount of Each Receipt this Period

-2700.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5900.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**MR. JOHN CATSIMATIDIS**

Mailing Address 817 FIFTH AVE

City

NEW YORK

State

NY

Zip Code

10065-7254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED REFINING COMPANY

Occupation

CHAIRMAN

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		03		2015

Transaction ID : SA11.5137

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

**BRIAN CHATWIN**

Mailing Address 6608 INDEPENDENCE AVE

City

SPRINGFIELD

State

VA

Zip Code

22151-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		08		2015

Transaction ID : SA11.5138

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CARL I. COHEN**

Mailing Address 2470 DEBORAH DRIVE

City

BEACHWOOD

State

OH

Zip Code

44122-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KJB, INC.

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2015

Transaction ID : SA11.5298

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**STUART COHN**

Mailing Address 505 PROVIDENT AVENUE

City

WINNETKA

State

IL

Zip Code

60093-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAW OFFICES STUART COHN

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SA11.5437

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THOMAS W. COLOMB**Mailing Address 1001 MARINA DR. APT 613  
300 CROWN COLONY DRIVE

City

QUINCY

State

MA

Zip Code

02171-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MURPHY HESSE TOOMEY &amp; LEHANE LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5282

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RODNEY W. CORNELIUS**

Mailing Address PO BOX 752

City

LAKE GEORGE

State

NY

Zip Code

12845-0752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11.5497

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL F. CRONIN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2015	
Mailing Address 72 CLIFF ROAD			<b>Transaction ID : SA11.5409</b>	
City WESTON	State MA	Zip Code 02493-1464	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer WESTON PRESIDIO		Occupation VENTURE CAPITAL	Amount of Each Receipt this Period 3000.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00	CONTRIBUTION	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL F. CRONIN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2015	
Mailing Address 72 CLIFF ROAD			<b>Transaction ID : SA11.5409B</b>	
City WESTON	State MA	Zip Code 02493-1464	Amount of Each Receipt this Period -300.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer WESTON PRESIDIO		Occupation VENTURE CAPITAL	[MEMO ITEM] REDESIGNATION TO GENERAL	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00	CONTRIBUTION	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL F. CRONIN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2015	
Mailing Address 72 CLIFF ROAD			<b>Transaction ID : SA11.5478</b>	
City WESTON	State MA	Zip Code 02493-1464	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer WESTON PRESIDIO		Occupation VENTURE CAPITAL	[MEMO ITEM] REDESIGNATION FROM PRIMARY	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00	CONTRIBUTION	
<b>SUBTOTAL</b> of Receipts This Page (optional).....			3000.00	
<b>TOTAL</b> This Period (last page this line number only).....			3000.00	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 168

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**I. STEPHEN DAVIS**

Mailing Address 101 LYNDON LEA

City State Zip Code  
FAYETTEVILLE NY 13066-5699

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
G. PRESIDENT

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5106

Amount of Each Receipt this Period

1800.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES DERDERIAN**

Mailing Address 4720 32ND STREET NORTH

City State Zip Code  
ARLINGTON VA 22207-4202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE STANTON PARK GROUP CONSULTANT

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : SA11.5200

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL DESOMBRE**

Mailing Address 125 BROAD ST.

City State Zip Code  
NEW YORK NY 10004-2400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SULLIVAN & CROMWELL ATTORNEY

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Transaction ID : SA11.5240

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

MR. JAMES DIBLASI

Mailing Address 324 RUGBY ROAD

City

SYRACUSE

State

NY

Zip Code

13203-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MERRILL LYNCH

Occupation

SENIOR FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5101

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK R. DISLER

Mailing Address 6414 NEEDLE LEAF DRIVE

City

ROCKVILLE

State

MD

Zip Code

20852-4150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRIME POLICY

Occupation

MANAGING DIRECTOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5476

Amount of Each Receipt this Period

250.00

CONTRIBUTION

DEBT RETIREMENT GENERAL 2014 DEBT  
RETIREMENT

Full Name (Last, First, Middle Initial)

BARBARA I. DOBILAS

Mailing Address 1008 VERDE VIS

City

NEW WINDSOR

State

NY

Zip Code

12553-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5119

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JAMES D. DURANTE****A.**

Mailing Address PO BOX 183

City

LAKE GEORGE

State

NY

Zip Code

12845-0183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HALLMARK OPERATING INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2015

**Transaction ID : SA11.5085**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SYLVIA DURANTE****B.**

Mailing Address PO BOX 183

City

LAKE GEORGE

State

NY

Zip Code

12845-0183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HALLMARK OPERATION INC.

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11.5495**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**J. BRAD EDWARDS****C.**

Mailing Address 403 LLOYDS LANE

City

ALEXANDRIA

State

VA

Zip Code

22302-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JENKINS HILL CONSULTING

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

**Transaction ID : SA11.5405**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 168

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DOV EISNER**

Mailing Address **510 OXFORD ROAD**

City **CEDARHURST** State **NY** Zip Code **11516-1135**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ELEMENT CAPITAL** Occupation **CFO**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2015

**Transaction ID : SA11.5092**

Amount of Each Receipt this Period

2000.00
---------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PETER H. ELITZER**

Mailing Address **505 SIR CHARLES WAY**

City **ALBANY** State **NY** Zip Code **12203-6000**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PETER HARRIS CLOTHES** Occupation **RETAIL**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2015

**Transaction ID : SA11.5113**

Amount of Each Receipt this Period

500.00
--------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. GREGORY P. EVANS**

Mailing Address **3744 FOUNTAIN STREET**

City **CLINTON** State **NY** Zip Code **13323-3934**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2015

**Transaction ID : SA11.5129**

Amount of Each Receipt this Period

500.00
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CONTRIBUTION

3000.00
---------

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**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

MR. CARL F. FAHRENKRUG SR.

Mailing Address 8365 INDIAN HILL ROAD

City

MANLIUS

State

NY

Zip Code

13104-8791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5125

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES E. FOX

Mailing Address 5615 NEBRASKA AVE NW

City

WASHINGTON

State

DC

Zip Code

20015-1257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5251

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SALVATORE A. FRATTO

Mailing Address 6623 32ND STREET NW

City

WASHINGTON

State

DC

Zip Code

20015-2309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HAMILTON PLACE STRATEGIES, LLC

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2015

Transaction ID : SA11.5319

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3200.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**FRANCESCO GALESI****A.**

Mailing Address 695 ROTTERDAM INDUSTRIAL PARK

City

SCHENECTADY

State

NY

Zip Code

12306-1984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2015

Transaction ID : SA11.5079

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RICHARD L. GOLDSTEIN****B.**

Mailing Address 488 WHITE SPRUCE BLVD

City

ROCHESTER

State

NY

Zip Code

14623-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAPCO AUTO PARKS

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5103

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JANE GORE****C.**

Mailing Address 4600 CONNECTICUT AVE NW

City

WASHINGTON

State

DC

Zip Code

20008-5728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2015

Transaction ID : SA11.5097

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

JEFFREY GRAHAM

A.

Mailing Address 557 PEARL STREET

City

WATERTOWN

State

NY

Zip Code

13601-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PEARL STREET PUB

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5480

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAVID GRAYCK

B.

Mailing Address 57 COLLEGE STREET

City

MONTPELIER

State

VT

Zip Code

05602-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HERSHENSON CARTER SCOTT MCGEE

Occupation

ATTORNEY

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2015

Transaction ID : SA11.5093

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARBARA GRIECO

C.

Mailing Address 2125 14TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20009-4464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BANCROFT PLLC

Occupation

LAWYER

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5281

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**PETER GUIDARELLI**Mailing Address **PO BOX 1013**

City	State	Zip Code
<b>SCENECTADY</b>	<b>NY</b>	<b>12301-1013</b>

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**INFORMATION REQUESTED PER BEST EFF**Occupation  
**INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

**Transaction ID : SA11.5494**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**LUKE HATZIS**Mailing Address **115 C ST SE**

City	State	Zip Code
<b>WASHINGTON</b>	<b>DC</b>	<b>20003-1806</b>

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**CAPITOL COUNSEL**Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		16		2015

**Transaction ID : SA11.5391**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**ROBERT HAYES**Mailing Address **4 STABLE LANE**

City	State	Zip Code
<b>SARATOGA SPRINGS</b>	<b>NY</b>	<b>12866-8412</b>

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**HAYES DEVELOPMENT COMPANY**Occupation  
**COMMERCIAL REAL ESTATE DEVELOPER**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2015

**Transaction ID : SA11.5383**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JOHN HENDRICKSON****A.**

Mailing Address 40 GEYSER ROAD

City

SARATOGA SPRINGS

State

NY

Zip Code

12866-9002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WHITNEY INDUSTRIES

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

**Transaction ID : SA11.5242**

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SUZANNE HERRIMAN****B.**

Mailing Address 62 CLUB RD.

City

PLATTSBURGH

State

NY

Zip Code

12903-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		03		2015

**Transaction ID : SA11.5235**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PETER J. HESS****C.**

Mailing Address 7 WALNUT LANE W

City

NISKAYUNA

State

NY

Zip Code

12309-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALBANY STEEL

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2015

**Transaction ID : SA11.5396**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

A. AVI HETTENA

Mailing Address 1936 SARANAC AVENUE

City

LAKE PLACID

State

NY

Zip Code

12946-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADIRONDACK MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		20		2015

Transaction ID : SA11.5094

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SCOTT HEYMAN

Mailing Address 511 HILLSIDE DRIVE

City

HIGHLAND PARK

State

IL

Zip Code

60035-4846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIDLEY AUSTIN LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2015

Transaction ID : SA11.5297

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. DAVID R. HOOTNICK M.D.

Mailing Address 7806 CLEARWATER CIRCLE

City

MANLIUS

State

NY

Zip Code

13104-9326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CNY SPINE

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5117

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**NICHOLAS JEFFRESS**

Mailing Address 329 RHODE ISLAND AVE NE #100

City

WASHINGTON

State

DC

Zip Code

20002-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DATA TRANSPARENCY COALITION

Occupation

DEVELOPMENT DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2015

Transaction ID : SA11.5234

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DAVID JERSEN**

Mailing Address 6 ROLLING BROOK DRIVE

City

SARATOGA SPRINGS

State

NY

Zip Code

12866-6438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JERSEN CONSTRUCTION GROUP

Occupation

BUILDER/DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2015

Transaction ID : SA11.5394

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CRAIG KENNEDY**

Mailing Address 3503 QUEBEC STREET, NW

City

WASHINGTON

State

DC

Zip Code

20016-3129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CREATIVE ENGAGEMENT

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		26		2015

Transaction ID : SA11.5098

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

DAVID KINEL

A.

Mailing Address 471 CLAYBOURNE ROAD

City

ROCHESTER

State

NY

Zip Code

14618-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HSE LLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		20		2015

Transaction ID : SA11.5095

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JANE F. KIRBY

B.

Mailing Address 4630 KENMORE DRIVE NW

City

WASHINGTON

State

DC

Zip Code

20007-1924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WORLD BANK

Occupation

STAFF MEMBER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5263

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MONICA KLADAKIS

C.

Mailing Address 8557 DOVETON CIRCLE

City

VIENNA

State

VA

Zip Code

22182-3779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCCAIN INSTITUTE FOR INTERNATIONAL LE

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		01		2015

Transaction ID : SA11.5232

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**ANDREA KOSS****A.**

Mailing Address 7220 CHADWICK DIR.

City

JAMESVILLE

State

NY

Zip Code

13078-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SYRACUSE HEBREW DAY SCHOOL

Occupation

TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

**Transaction ID : SA11.5120**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. EDWARD D. KRATOVIL****B.**

Mailing Address 3300 NORTH VERMONT STREET

City

ARLINGTON

State

VA

Zip Code

22207-4469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

**Transaction ID : SA11.5291**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GARY LAVINE****C.**

Mailing Address 6808 HOLLISTON CIRCLE

City

FAYETTEVILLE

State

NY

Zip Code

13066-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOUSQUET HOLSTEIN PLLC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2015

**Transaction ID : SA11.5096**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JOHN F. LEHMAN****A.**

Mailing Address 1054 CREAMERY ROAD

City

NEWTOWN

State

PA

Zip Code

18940-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JF LEHMAN &amp; COMPANY INC.

Occupation

INVESTMENT BANKER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

**Transaction ID : SA11.5410**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THOMAS LEHRMAN****B.**

Mailing Address 1040 FIFTH AVENUE

City

NEW YORK

State

NY

Zip Code

10028-0137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASTERSTREET

Occupation

ENTREPRENEUR / INVESTOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

**Transaction ID : SA11.5100**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DAVID LEINWAND****C.**

Mailing Address 174 WASHINGTON ST.

City

JERSEY CITY

State

NJ

Zip Code

07302-4598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLEARY GOTTLIEB

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11.5487**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CLARK N. LINDLEY**

Mailing Address 490 PUMPKIN HILL ROAD

City State Zip Code  
WARNER NH 03278-4521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AIMSOccupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

Transaction ID : SA11.5292

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NELSON LITTERST**

Mailing Address 1655 N. GREENBRIER ST

City State Zip Code  
ARLINGTON VA 22205-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FTI CONSULTINGOccupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SA11.5434

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ART LUSSI**

Mailing Address 166 AVERYVILLE LANE

City State Zip Code  
LAKE PLACID NY 12946-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAKE PLACID VACATION CORPORATIONOccupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5440

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**CAROLINE LUSSI****A.**

Mailing Address 101 OLYMPIC DRIVE

City

LAKE PLACID

State

NY

Zip Code

12946-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAKE PLACID VACATION CORP.

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

**Transaction ID : SA11.5247**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JACK H. LYON****B.**

Mailing Address ROUTE 2 PO BOX 610

City

BRIDGEPORT

State

NY

Zip Code

13030-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

**Transaction ID : SA11.5289**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ORRIN MACMURRAY****C.**

Mailing Address 8311 DIXON RD

City

CAMDEN

State

NY

Zip Code

13316-3526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

C.

Occupation

PRESIDENT/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

**Transaction ID : SA11.5123**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>PAUL MAROUN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2015	
Mailing Address PO BOX 971		<b>Transaction ID : SA11.5442</b>	
City TUPPER LAKE	State NY	Zip Code 12986-0971	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer VILLAGE OF TUPPER LAKE	Occupation MAYOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DANIELLE M. MAURER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2015	
Mailing Address 2507 N VERNON ST		<b>Transaction ID : SA11.5490</b>	
City ARLINGTON	State VA	Zip Code 22207-4008	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer FIERCE, ISAKOWITZ AND BLALOCK	Occupation SVP		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ANITA B. MCBRIDE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2015	
Mailing Address 5016 UPTON ST NW		<b>Transaction ID : SA11.5237</b>	
City WASHINGTON	State DC	Zip Code 20016-1952	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer AMERICAN UNIVERSITY	Occupation EXECUTIVE-IN-RESIDENCE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1250.00	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARK MCFADDIN**

Mailing Address 107 S. CHERRY ST.

City State Zip Code  
FALLS CHURCH VA 22046-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KPMG LLPOccupation  
CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : SA11.5233

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ED MITZEN**

Mailing Address 100 SOUTHARD RD

City State Zip Code  
SARATOGA SPRINGS NY 12866-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FINGERPAINTOccupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SA11.5388

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ED MITZEN**

Mailing Address 100 SOUTHARD RD

City State Zip Code  
SARATOGA SPRINGS NY 12866-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FINGERPAINTOccupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11.5415

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

DENISE HENRY MORRISEY

A.

Mailing Address 7400 PARK TERRACE DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22307-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5270

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DANIEL R. MURPHY

B.

Mailing Address 9911 SHADY COVE DRIVE

City

FAIRFAX STATION

State

VA

Zip Code

22039-2962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BGR GROUP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2015

Transaction ID : SA11.5245

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEFFREY NADANER

C.

Mailing Address 12107 GREENLEAF AVE

City

POTOMAC

State

MD

Zip Code

20854-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLUEQUARTZ TECHNOLOGIES LLC

Occupation

M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		28		2015

Transaction ID : SA11.5230

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 32 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT H. NELSON**

Mailing Address 1829 BAY STREET SE

City State Zip Code  
WASHINGTON DC 20003-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5255

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES H. NICOLL**

Mailing Address 101 SOUTH SALINA STREET  
SUITE 600

City State Zip Code  
SYRACUSE NY 13202-4304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MACKENZIE HUGHES LLPOccupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5104

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KRISTIN M. NICOLL**

Mailing Address 101 SOUTH SALINA STREET  
SUITE 600

City State Zip Code  
SYRACUSE NY 13202-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIMPSON THACHEROccupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5105

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 33 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**A. Full Name (Last, First, Middle Initial)  
**JOHN J. NIGRO**Mailing Address **12 W COBBLE HILL ROAD**

City	State	Zip Code
LOUDONVILLE	NY	12211-1308

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**NIGRO COMPANIES**Occupation  
**REALTOR-DEVELOPER**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2015

Transaction ID : **SA11.5395**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**ANDY PALEC**Mailing Address **7435 W. WELLS STREET**

City	State	Zip Code
WAUWATOSA	WI	53213-3611

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**C.D. SMITH CONSTRUCTION**Occupation  
**CONSTRUCTION & REAL ESTATE**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

Transaction ID : **SA11.5479**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**MR. GARY L. PHILIPSON**Mailing Address **9 ROLLINGWOOD DR.**

City	State	Zip Code
NEW HARTFORD	NY	13413-2707

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**HERB PHILIPSONS**Occupation  
**RETAIL**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2015

Transaction ID : **SA11.5118**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**GEORGE A. RAMONAS****A.**

Mailing Address 1333 H ST NW SUITE 500W

City

WASHINGTON

State

DC

Zip Code

20005-4752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE ADVOCACY GROUP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2015

**Transaction ID : SA11.5220**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DONALD RITTER****B.**

Mailing Address 7700 WILSON ROAD

City

WARRENTON

State

VA

Zip Code

20186-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFGHAN-AMERICAN CHAMBER OF COMMERCE

Occupation

PRESIDENT/CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2015

**Transaction ID : SA11.5262**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ALEX ROBERTSON****C.**

Mailing Address 136 EAST 64TH STREET

City

NEW YORK

State

NY

Zip Code

10065-7360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIGER MANAGEMENT LLC

Occupation

FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2015

**Transaction ID : SA11.5081**

Amount of Each Receipt this Period

5400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6150.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 35 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

ALEX ROBERTSON

Mailing Address 136 EAST 64TH STREET

City

NEW YORK

State

NY

Zip Code

10065-7360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIGER MANAGEMENT LLC

Occupation

FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		18		2015

Transaction ID : SA11.5081B

Amount of Each Receipt this Period

-2700.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

ALEX ROBERTSON

Mailing Address 136 EAST 64TH STREET

City

NEW YORK

State

NY

Zip Code

10065-7360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIGER MANAGEMENT LLC

Occupation

FINANCE

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		18		2015

Transaction ID : SA11.5091

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

MR. DAVID M. ROMANO

Mailing Address 960 HIAWATHA BLVD W

City

SYRACUSE

State

NY

Zip Code

13204-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROMANO SUBARO

Occupation

CAR DEALER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5107

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JEFFREY A. ROSEN****A.**

Mailing Address 1723 FOREST LANE

City

MCLEAN

State

VA

Zip Code

22101-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KIRKLAND & ELLISOccupation  
PARTNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

**Transaction ID : SA11.5248**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DAVID ROSS****B.**

Mailing Address 249 WOODLAWN AVENUE

City

WINNETKA

State

IL

Zip Code

60093-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMPASS LEXICONOccupation  
ECONOMIST

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		16		2015

**Transaction ID : SA11.5390**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DANIEL F. RUNDE****C.**

Mailing Address 6910 BONHEIM CT

City

MCLEAN

State

VA

Zip Code

22101-5100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSISOccupation  
SCHOLAR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2015

**Transaction ID : SA11.5196**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**GABRIEL SANCHEZ-ZINNY**

**A.**

Mailing Address 2220 20TH

City

WASHINGTON

State

DC

Zip Code

20009-5074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLUE STAR STRATEGIES

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 14 2015

**Transaction ID : SA11.5386**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARTIN SCHAEFFER**

**B.**

Mailing Address 8243 TURNSTONE DR

City

MANLIUS

State

NY

Zip Code

13104-2138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CNY SPINE

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 02 2015

**Transaction ID : SA11.5108**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JACQUELINE E. SCHAFER**

**C.**

Mailing Address 3145 SOUTH STAFFORD STREET

City

ARLINGTON

State

VA

Zip Code

22206-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 20 2015

**Transaction ID : SA11.5397**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 38 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

MR. THOMAS W. SCHNEIDER

Mailing Address 10 MARGARET STREET

City

OSWEGO

State

NY

Zip Code

13126-4170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5128

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT A. SCHROEDER

Mailing Address 1707 SUMMIT AVE

City

MINNEAPOLIS

State

MN

Zip Code

55403-2849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5483

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

EMILY SCHWARTZBERG

Mailing Address 10 GILLILAND LANE

City

WILLSBORO

State

NY

Zip Code

12996-3726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHAMPLAIN VALLEY SENIOR COMMUNITY

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		18		2015

Transaction ID : SA11.5393

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 39 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**A. JOHN F. SCRUGGS**

Mailing Address 3929 COLONEL ELLIS AVE

City	State	Zip Code
ALEXANDRIA	VA	22304-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2015

Transaction ID : SA11.5290

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOSEPH R. SCUDERI**

Mailing Address PO BOX 3

City	State	Zip Code
DEWITT	NY	13214-0003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WIDEWATER GROUPOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2015

Transaction ID : SA11.5193

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOHN SMACK**

Mailing Address 4 LARKSPUR COURT

City	State	Zip Code
GREENFIELD CENTER	NY	12833-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ONE CONNECTOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		22		2015

Transaction ID : SA11.5412

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 40 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

LYNN H. SMITH

Mailing Address 555 E. GENESEE STREET

City

SYRACUSE

State

NY

Zip Code

13202-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GILBERT LAW

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5121

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN SOBEL

Mailing Address 428 LINDEN ST.

City

WINNETKA

State

IL

Zip Code

60093-2514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHESLEY, TAFT &amp; ASSOCIATES, LLC

Occupation

PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2015

Transaction ID : SA11.5244

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SHANNON H. SORZANO

Mailing Address 4020 38TH PLACE N

City

ARLINGTON

State

VA

Zip Code

22207-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5261

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 41 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**A. Full Name (Last, First, Middle Initial)  
**JONATHAN R. STADIN**

Mailing Address 803 KNIGHTHOOD CIR.

City	State	Zip Code
FAYETTEVILLE	NY	13066-8720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JR STADIN, LLCOccupation  
RECRUITER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2015

Transaction ID : SA11.5109

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**DANIEL W. STONE**

Mailing Address 402 COUNTY ROUTE 74A

City	State	Zip Code
GREENWICH	NY	12834-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHAZEN ENGINEERINGOccupation  
ENGINEER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2015

Transaction ID : SA11.5080

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**WILLIAM H. STRONG**

Mailing Address 800 NORTH MICHIGAN AVENUE

City	State	Zip Code
CHICAGO	IL	60611-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LONGFORD CAPITAL MANAGEMENT, LPOccupation  
PRIVATE EQUITY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5338.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : SA11.5502

Amount of Each Receipt this Period

2900.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 42 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**WILLIAM H. STRONG**

Mailing Address 800 NORTH MICHIGAN AVENUE

City

CHICAGO

State

IL

Zip Code

60611-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LONGFORD CAPITAL MANAGEMENT, LP

Occupation

PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5338.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : SA11.5502B

Amount of Each Receipt this Period

-2638.75

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

**WILLIAM H. STRONG**

Mailing Address 800 NORTH MICHIGAN AVENUE

City

CHICAGO

State

IL

Zip Code

60611-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LONGFORD CAPITAL MANAGEMENT, LP

Occupation

PRIVATE EQUITY

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5338.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : SA11.5522

Amount of Each Receipt this Period

2638.75

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

**WILLIAM H. STRONG**

Mailing Address 800 NORTH MICHIGAN AVENUE

City

CHICAGO

State

IL

Zip Code

60611-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LONGFORD CAPITAL MANAGEMENT, LP

Occupation

PRIVATE EQUITY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5338.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2015

Transaction ID : SA11.5517

Amount of Each Receipt this Period

2438.75

CONTRIBUTION

IN-KIND FOOD/BEVERAGES

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2438.75

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 43 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

ROBERT TAUB

A.

Mailing Address 4232 ALTON PLACE NW

City

WASHINGTON

State

DC

Zip Code

20016-2018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. POSTAL REGULATORY COMMISSION

Occupation

COMMISSIONER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2015

Transaction ID : SA11.5229

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAVID TRULIO

B.

Mailing Address 1577 MADDUX LN

City

MCLEAN

State

VA

Zip Code

22101-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RAYTHEON COMPANY

Occupation

BUSINESS DEVELOPMENT DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Transaction ID : SA11.5241

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM M. TUCKER

C.

Mailing Address 4207 MEDICAL CENTER DR

City

FAYETTEVILLE

State

NY

Zip Code

13066-6609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TUCKER EYE CARE

Occupation

OPHTHALMOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

Transaction ID : SA11.5295

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**THOMAS TYLER**

A. Mailing Address 234 CASEY ROAD

City	State	Zip Code
SCHUYLERVILLE	NY	12871-1816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYSOccupation  
MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11.5489

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**TODD A. WALKER**

Mailing Address 903 BANBURY COURT

City	State	Zip Code
MCLEAN	VA	22102-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALTRIAOccupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11.5218

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**STEVEN WELLS**

Mailing Address 3 COVE LANE

City	State	Zip Code
FAETTEVILLE	NY	13066-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN FOOD & VENDINGOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Transaction ID : SA11.5523

Amount of Each Receipt this Period

2743.30

CONTRIBUTION

INKIND- FOOD/BEVERAGES REFUNDED \$43.30 ON  
06/30/2015

3268.30

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 45 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

DMN MANAGEMENT SERVICES LLC

A.

Mailing Address 26 NORTH BROADWAY

City

SCHENECTADY

State

NY

Zip Code

12305-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SA11.5496

Amount of Each Receipt this Period

800.00

CONTRIBUTION

PARTNERSHIP MEMOS BELOW

Full Name (Last, First, Middle Initial)

ANTHONY M. DURANTE

B.

Mailing Address 1017 WOODFIELD DR

City

NISKAYUNA

State

NY

Zip Code

12309-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CAPITAL LIVING AND REHABILITATION CEN

CFO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SA11.5499

Amount of Each Receipt this Period

200.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

PATRICK R. MARTONE

C.

Mailing Address 3 STARTING GATE CT

City

SARATOGA SPRINGS

State

NY

Zip Code

12866-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CAPITAL LIVING NURSING AND REHAB CEN

HEALTHCARE ADMIN.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SA11.5498

Amount of Each Receipt this Period

200.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JODI POLSINELLI****A.**

Mailing Address 26 NORTH BROADWAY

City

SCHENECTADY

State

NY

Zip Code

12305-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DMN MANAGEMENT SERVICES LLC

Occupation

PARTNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11.5500**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**JAMI ROGOWSKI****B.**

Mailing Address 26 NORTH BROADWAY

City

SCHENECTADY

State

NY

Zip Code

12305-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DMN MANAGEMENT SERVICES LLC

Occupation

PARTNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11.5501**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**HISCOCK & BARCLAY, LLP****C.**Mailing Address ONE PARK PLACE  
300 S. STATE ST.

City

SYRACUSE

State

NY

Zip Code

13212-3541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

**Transaction ID : SA11.5139**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

PARTNERS BELOW ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 47 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ST. REGIS MOHAWK TRIBE**  
 Mailing Address 412 STATE ROUTE #37

City State Zip Code  
 HOGANSBURG NY 13655-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 02 2015

Transaction ID : SA11.5132

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ST. REGIS MOHAWK TRIBE**  
 Mailing Address 412 STATE ROUTE #37

City State Zip Code  
 HOGANSBURG NY 13655-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 22 2015

Transaction ID : SA11.5132B

Amount of Each Receipt this Period

-2300.00

CONTRIBUTION

**[MEMO ITEM]**  
 REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**ST. REGIS MOHAWK TRIBE**  
 Mailing Address 412 STATE ROUTE #37

City State Zip Code  
 HOGANSBURG NY 13655-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 22 2015

Transaction ID : SA11.5228

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

**[MEMO ITEM]**  
 REDESIGNATION FROM PRIMARY

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

81907.05

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRADY FOR CONGRESS**

Mailing Address PO BOX 8277

City THE WOODLANDS	State TX	Zip Code 77387-8277
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00311043

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

Transaction ID : SA11.5430

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DUNCAN HUNTER FOR CONGRESS**

Mailing Address PO BOX 1545

City EL CAJON	State CA	Zip Code 92022-1545
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00433524

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 29 / 2015

Transaction ID : SA11.5454

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JOHN BOEHNER**

Mailing Address 7908 CINCINNATI DAYTON ROAD SUOTE

City WEST CHESTER	State OH	Zip Code 45069-6660
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00237198

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 22 / 2015

Transaction ID : SA11.5202

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00
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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 49 OF 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**FRIENDS OF JOHN BOEHNER****A.**

Mailing Address 7908 CINCINNATI DAYTON ROAD SUOTE

City

WEST CHESTER

State

OH

Zip Code

45069-6660

FEC ID number of contributing  
federal political committee.**C** C00237198

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		22		2015

**Transaction ID : SA11.5210**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FRIENDS OF SAM JOHNSON****B.**

Mailing Address PO BOX 860096

City

PLANO

State

TX

Zip Code

75086-0096

FEC ID number of contributing  
federal political committee.**C** C00250720

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

**Transaction ID : SA11.5456**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GRAVES FOR CONGRESS****C.**

Mailing Address 2345 GRAND BLVD SUITE 2800

City

KANSAS CITY

State

MO

Zip Code

64108-2612

FEC ID number of contributing  
federal political committee.**C** C00359034

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2015

**Transaction ID : SA11.5429**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 50 OF 168

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**

 Full Name (Last, First, Middle Initial)  
**A. HOOSIERS FOR ROKITA INC.**

Mailing Address 5802 OAK AVENUE

City	State	Zip Code
INDIANAPOLIS	IN	46219-7219

FEC ID number of contributing federal political committee.

C C00476192

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5470

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

 Full Name (Last, First, Middle Initial)  
**B. HUDSON FOR CONGRESS**

Mailing Address PO BOX 5053

City	State	Zip Code
CONCORD	NC	28027-1500

FEC ID number of contributing federal political committee.

C C00504522

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11.5212

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

 Full Name (Last, First, Middle Initial)  
**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City	State	Zip Code
BAKERSFIELD	CA	93389-2667

FEC ID number of contributing federal political committee.

C C00420935

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SA11.5423

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City	State	Zip Code
BAKERSFIELD	CA	93389-2667

FEC ID number of contributing  
federal political committee.**C** C00420935

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2015

**Transaction ID : SA11.5433**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LUKE MESSER FOR CONGRESS**

Mailing Address PO BOX 917

City	State	Zip Code
SHELBYVILLE	IN	46176-0917

FEC ID number of contributing  
federal political committee.**C** C00460667

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2015

**Transaction ID : SA11.5420**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICK W. ALLEN FOR CONGRESS**

Mailing Address P.O. BOX 338

City	State	Zip Code
AUGUSTA	GA	30903-0338

FEC ID number of contributing  
federal political committee.**C** C00504019

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

**Transaction ID : SA11.5471**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City	State	Zip Code
JEFFERSON	LA	70183-0219

FEC ID number of contributing  
federal political committee.**C** C00394957

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

**Transaction ID : SA11.5204**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WOMACK FOR CONGRESS**

Mailing Address PO BOX 508

City	State	Zip Code
ROGERS	AR	72757-0508

FEC ID number of contributing  
federal political committee.**C** C00477745

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : SA11.5431**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AFLAC PAC**

Mailing Address 1932 WYNNTON RD

City	State	Zip Code
COLUMBUS	GA	31999-0001

FEC ID number of contributing  
federal political committee.**C** C00034157

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.5453**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20036-2212

FEC ID number of contributing  
federal political committee.**C** C00035451

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2015

**Transaction ID : SA11.5398**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	20036-2212

FEC ID number of contributing  
federal political committee.**C** C00035451

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.5455**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AIRBUS GROUP INC PAC**Mailing Address 2550 WASSER TERRACE  
SUITE 9000

City	State	Zip Code
HERNDON	VA	20171-6382

FEC ID number of contributing  
federal political committee.**C** C00421230

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.5474**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 168

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**ALTRIA GROUP INC PAC**

Mailing Address 101 CONSTITUTION AVE NW SUITE 400W

City  
WASHINGTON

State Zip Code  
DC 20001-2155

FEC ID number of contributing  
federal political committee.

**C** C00089136

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 20 2015

Transaction ID : SA11.5403

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AMERICAN APPAREL & FOOTWEAR ASSOCIATION PAC (CLOTHES PAC)**

Mailing Address 1601 N KENT STREET SUITE 1200

City  
ARLINGTON

State Zip Code  
VA 22209-2105

FEC ID number of contributing  
federal political committee.

**C** C00338442

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 10 2015

Transaction ID : SA11.5268

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (CRNA PAC)**

Mailing Address 222 SOUTH PROSPECT AVE  
C/O FINANCE DEPARTMENT

City  
PARK RIDGE

State Zip Code  
IL 60068-4037

FEC ID number of contributing  
federal political committee.

**C** C00173153

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 20 2015

Transaction ID : SA11.5407

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 55 OF 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

AMERICAN OPTOMETRIC ASSOCIATION PAC (AOA-PAC)

Mailing Address 1505 PRINCE STREET SUITE 300

City

ALEXANDRIA

State

VA

Zip Code

22314-2874

FEC ID number of contributing  
federal political committee.

C C00024968

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2015

Transaction ID : SA11.5266

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN STAFFING ASSOCIATION (STAFFING PAC)

Mailing Address 277 SOUTH WASHINGTON ST STE 200

City

ALEXANDRIA

State

VA

Zip Code

22314-3675

FEC ID number of contributing  
federal political committee.

C C00145623

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2015

Transaction ID : SA11.5084

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMGEN PAC

Mailing Address ONE AMGEN CENTER DRIVE

City

THOUSAND OAKS

State

CA

Zip Code

91320-1730

FEC ID number of contributing  
federal political committee.

C C00251876

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

Transaction ID : SA11.5421

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

8500.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 168

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**APOLLO EDUCATION GROUP INC. PAC**

Mailing Address 4025 S. RIVERPOINT PKWY  
 MS CF-KX10

City State Zip Code  
 PHOENIX AZ 85040-0723

FEC ID number of contributing  
federal political committee.

**C** C00309781

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 22 2015

Transaction ID : SA11.5219

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION OF PRIVATE SECTOR COLLEGES AND UNIVERSITIES PAC**

Mailing Address 1101 CONNECTICUT AVENUE, NW  
 SUITE 900

City State Zip Code  
 WASHINGTON DC 20036-4346

FEC ID number of contributing  
federal political committee.

**C** C00213066

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 22 2015

Transaction ID : SA11.5223

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AT&T INC FEDERAL PAC**

Mailing Address 208 S. AKARD STREET  
 SUITE 2701

City State Zip Code  
 DALLAS TX 75202-4206

FEC ID number of contributing  
federal political committee.

**C** C00109017

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 29 2015

Transaction ID : SA11.5467

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 OF 168

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BLESSINGS OF LIBERTY PAC (BOLPAC)**

Mailing Address 38 EXECUTIVE PARK SUITE 390

City State Zip Code  
 IRVINE CA 92614-4730

FEC ID number of contributing  
federal political committee.

**C** C00564658

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

06 / 10 / 2015

Transaction ID : SA11.5256

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BLOOMIN BRANDS INC PAC**

Mailing Address 2202 N. WESTSHORE BLVD.  
 5TH FLOOR

City State Zip Code  
 TAMPA FL 33607-5754

FEC ID number of contributing  
federal political committee.

**C** C00253153

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11.5293

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BOMBARDIER CORPORATION PAC**

Mailing Address 2200 PENNSYLVANIA AVE NW SUITE 660

City State Zip Code  
 WASHINGTON DC 20037-1750

FEC ID number of contributing  
federal political committee.

**C** C00546473

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11.5288

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

5500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 58 OF 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

BRIDGEPOINT EDUCATION INC PAC

A.

Mailing Address 13500 EVENING CREEK DR. NORTH STE

City

SAN DIEGO

State

CA

Zip Code

92128-8125

FEC ID number of contributing  
federal political committee.

C C00478404

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11.5213

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CALIFORNIA DAIRIES FEDERAL PAC

B.

Mailing Address 475 SOUTH TEGNER

City

TURLOCK

State

CA

Zip Code

95380-9406

FEC ID number of contributing  
federal political committee.

C C00349746

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11.5513

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

C.

Mailing Address 100 N.E. ADAMS STREET

City

PEORIA

State

IL

Zip Code

61629-0001

FEC ID number of contributing  
federal political committee.

C C00148031

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11.5512

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**CHENIERE ENERGY INC. PAC**Mailing Address 1455 PENNSYLVANIA AVE, N.W.  
SUITE 550

City	State	Zip Code
WASHINGTON	DC	20004-1024

FEC ID number of contributing  
federal political committee.**C** C00430157

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		22		2015

**Transaction ID : SA11.5221**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CMR PAC**

Mailing Address PO BOX 2485

City	State	Zip Code
SPRINGFIELD	VA	22152-0485

FEC ID number of contributing  
federal political committee.**C** C00469429

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

**Transaction ID : SA11.5505**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COLE PAC**

Mailing Address 12176 CHANCERY STATION CIRCLE

City	State	Zip Code
RESTON	VA	20190-5803

FEC ID number of contributing  
federal political committee.**C** C00404392

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		22		2015

**Transaction ID : SA11.5209**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 60 OF 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**COMMON SENSE COMMON SOLUTIONS****A.**

Mailing Address 901 N WASHINGTON ST, SUITE 700

City

ALEXANDRIA

State

VA

Zip Code

22314-1535

FEC ID number of contributing  
federal political committee.**C** C00345058

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2015

**Transaction ID : SA11.5274**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**COMMUNITY ACTION PROGRAM PAC****B.**Mailing Address 1 MASSACHUSETTS AVENUE, NW  
SUITE 310

City

WASHINGTON

State

DC

Zip Code

20001-1420

FEC ID number of contributing  
federal political committee.**C** C00163048

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2015

**Transaction ID : SA11.5216**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CORNING INCORPORATED EMPLOYEES PAC (COREPAC)****C.**Mailing Address 325 7TH STREET NW  
SUITE 600

City

WASHINGTON

State

DC

Zip Code

20004-2805

FEC ID number of contributing  
federal political committee.**C** C00033589

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2015

**Transaction ID : SA11.5406**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 61 OF 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**DAIRY FARMERS OF AMERICA PAC (DEPAC)**

Mailing Address P.O. BOX 909700

 City  
 KANSAS CITY

 State Zip Code  
 MO 64190-9700

 FEC ID number of contributing  
 federal political committee.

**C** C00001388

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5276

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DEALERS ELECTION ACTION COMMITTEE PAC**

Mailing Address 412 FIRST STREET SE

 City  
 WASHINGTON

 State Zip Code  
 DC 20003-1804

 FEC ID number of contributing  
 federal political committee.

**C** C00040998

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

Transaction ID : SA11.5286

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DENTONS US LLP PAC**
 Mailing Address 1301 K STREET NW  
 SUITE 600 EAST TOWER

 City  
 WASHINGTON

 State Zip Code  
 DC 20005-3317

 FEC ID number of contributing  
 federal political committee.

**C** C00216127

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5134

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 62 OF 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

DIANE PAC

Mailing Address PO BOX 1437

City

GALLATIN

State

TN

Zip Code

37066-1437

FEC ID number of contributing  
federal political committee.

C C00499996

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2015

Transaction ID : SA11.5249

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DIRECTV GROUP INC. FUND

Mailing Address 901 F STREET, NW  
SUITE 600

City

WASHINGTON

State

DC

Zip Code

20004-1429

FEC ID number of contributing  
federal political committee.

C C00331991

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2015

Transaction ID : SA11.5224

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DYNACORP INTERNATIONAL PAC

Mailing Address 1700 OLD MEADOW ROAD

City

MCLEAN

State

VA

Zip Code

22102-4302

FEC ID number of contributing  
federal political committee.

C C00409979

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2015

Transaction ID : SA11.5296

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4000.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**EMERGENT BIOSOLUTIONS INC EMPLOYEE PAC**

Mailing Address 400 PROFESSIONAL DRIVE  
SUITE 400

City GAITHERSBURG	State MD	Zip Code 20879-3457
----------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00380303

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 10 / 2015

Transaction ID : SA11.5272

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ENTERGY CORPORATION PAC (ENPAC)**

Mailing Address 425 WEST CAPITOL AVENUE, STE24B

City LITTLE ROCK	State AR	Zip Code 72201-3405
---------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00363879

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 18 / 2015

Transaction ID : SA11.5088

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ERIE INDEMNITY COMPANY PAC**

Mailing Address 100 ERIE INSURANCE PLACE

City ERIE	State PA	Zip Code 16530-9000
--------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00153577

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11.5510

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 64 OF 168

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**EYE OF THE TIGER PAC**

Mailing Address PO BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152-0485

FEC ID number of contributing  
federal political committee.
☐ C00467431

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7485.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 22 / 2015

Transaction ID : SA11.5203

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**EYE OF THE TIGER PAC**

Mailing Address PO BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152-0485

FEC ID number of contributing  
federal political committee.
☐ C00467431

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

7485.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 22 / 2015

Transaction ID : SA11.5211

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**EYE OF THE TIGER PAC**

Mailing Address PO BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152-0485

FEC ID number of contributing  
federal political committee.
☐ C00467431

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7485.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA11.5253

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

6000.00

TOTAL This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**EYE OF THE TIGER PAC****A.**

Mailing Address PO BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152-0485

FEC ID number of contributing  
federal political committee.**C** C00467431

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

7485.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

**Transaction ID : SA11.5264**

Amount of Each Receipt this Period

1485.00

CONTRIBUTION

DEBT RETIREMENT 2014 GENERAL DEBT  
RETIREMENT

Full Name (Last, First, Middle Initial)

**FOOD MARKETING INSTITUTE PAC (FOODPAC)****B.**Mailing Address 2345 CRYSTAL DRIVE  
SUITE 800

City

ARLINGTON

State

VA

Zip Code

22202-4813

FEC ID number of contributing  
federal political committee.**C** C00014555

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

**Transaction ID : SA11.5280**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FREEDOM AND SECURITY PAC****C.**

Mailing Address 228 S. WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.**C** C00437061

Name of Employer

Occupation

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

**Transaction ID : SA11.5265**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4985.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 66 OF 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

A. GEN EQUITY FEDERAL PAC

Mailing Address 4100 MACARTHUR BOULEVARD  
SUITE 325

City	State	Zip Code
NEWPORT BEACH	CA	92660-2094

FEC ID number of contributing federal political committee.

C C00392795

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2015

Transaction ID : SA11.5089

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GENERAL DYNAMICS COPORATION PAC

Mailing Address 2941 FAIRVIEW PARK DRIVE #100

City	State	Zip Code
FALLS CHURCH	VA	22042-4541

FEC ID number of contributing federal political committee.

C C00078451

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

Transaction ID : SA11.5399

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GENERAL ELECTRIC COMPANY PAC (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW

City	State	Zip Code
WASHINGTON	DC	20004-2400

FEC ID number of contributing federal political committee.

C C00024869

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11.5215

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 67 OF 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**GENERAL ELECTRIC COMPANY PAC (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20004-2400FEC ID number of contributing  
federal political committee.**C** C00024869

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5267

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GOOGLE NETPAC**

Mailing Address 1101 NEW YORK AVE NW 2ND FL

City  
WASHINGTONState  
DCZip Code  
20005-4344FEC ID number of contributing  
federal political committee.**C** C00428623

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

Transaction ID : SA11.5287

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HELPING AMERICA'S LEADERS PAC (HALPAC)**

Mailing Address 701 8TH STREET NW SUITE 500

City  
WASHINGTONState  
DCZip Code  
20001-3965FEC ID number of contributing  
federal political committee.**C** C00376038

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11.5509

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>HONEYWELL INTERNATIONAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 02 / 2015	
Mailing Address 101 CONSTITUTION AVE NW SUITE 500		<b>Transaction ID : SA11.5131</b>	
City WASHINGTON	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00096156		CONTRIBUTION	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8999.95		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>HONEYWELL INTERNATIONAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015	
Mailing Address 101 CONSTITUTION AVE NW SUITE 500		<b>Transaction ID : SA11.5283</b>	
City WASHINGTON	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00096156		CONTRIBUTION	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8999.95		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>HONEYWELL INTERNATIONAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 101 CONSTITUTION AVE NW SUITE 500		<b>Transaction ID : SA11.5515</b>	
City WASHINGTON	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00096156		CONTRIBUTION	
Name of Employer	Occupation		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8999.95		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		7000.00	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 168

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**IMPACT COMMITTEE**

Mailing Address 100 LUNA PARK DRIVE SUITE 156

City State Zip Code  
ALEXANDRIA VA 22305-3153

FEC ID number of contributing federal political committee. **C** C00525238

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

**Transaction ID : SA11.5518**

Amount of Each Receipt this Period

750.00

CONTRIBUTION

INKIND- FOOD/BEVERAGES/FACILITY RENTAL

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA INC PAC**

Mailing Address 20 F STREET NW SUITE 610

City State Zip Code  
WASHINGTON DC 20001-6707

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

**Transaction ID : SA11.5459**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL DAIRY FOODS ASSOCIATION PAC**

Mailing Address 1250 H STREET, NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20005-3952

FEC ID number of contributing federal political committee. **C** C00128231

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

**Transaction ID : SA11.5217**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL PAPER PAC**

Mailing Address 1101 PENNSYLVANIA AVE NW SUITE 200

City	State	Zip Code
WASHINGTON	DC	20004-2514

FEC ID number of contributing  
federal political committee.**C** C00034405

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2015

**Transaction ID : SA11.5401**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL FRANCHISE ASSOCIATION PAC**Mailing Address 1900 K STREET NW  
SUITE 700

City	State	Zip Code
WASHINGTON	DC	20006-1135

FEC ID number of contributing  
federal political committee.**C** C00084491

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : SA11.5427**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE (ICI PAC)**

Mailing Address 1401 H STREET NW SUITE 1200

City	State	Zip Code
WASHINGTON	DC	20005-2110

FEC ID number of contributing  
federal political committee.**C** C00105981

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : SA11.5294**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE (ICI PAC)**

Mailing Address 1401 H STREET NW SUITE 1200

City	State	Zip Code
WASHINGTON	DC	20005-2110

FEC ID number of contributing  
federal political committee.**C** C00105981

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.5465**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEFF PAC**

Mailing Address 2150 RIVER PLAZA DRIVE #150

City	State	Zip Code
SACRAMENTO	CA	95833-4131

FEC ID number of contributing  
federal political committee.**C** C00489112

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : SA11.5428**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JET PAC**

Mailing Address PO BOX 2385

City	State	Zip Code
OTTAWA	IL	61350-6985

FEC ID number of contributing  
federal political committee.**C** C00522425

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

**Transaction ID : SA11.5225**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

5500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**JOBS, ECONOMY AND BUDGET FUND**

Mailing Address PO BOX 30844

City	State	Zip Code
BETHESDA	MD	20824-0844

FEC ID number of contributing  
federal political committee.**C** C00420695

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2015

**Transaction ID : SA11.5419**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN BOLTON PAC**

Mailing Address 1730 M STREET SUITE 611

City	State	Zip Code
WASHINGTON	DC	20036-4515

FEC ID number of contributing  
federal political committee.**C** C00542431

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

**Transaction ID : SA11.5257**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JP MORGAN CHASE & CO. PAC**Mailing Address 601 PENNSYLVANIA AVENUE, NW  
7TH FLOOR

City	State	Zip Code
WASHINGTON	DC	20004-2601

FEC ID number of contributing  
federal political committee.**C** C00128512

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

**Transaction ID : SA11.5511**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

11000.00

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**K&L GATES LLP PAC**

Mailing Address 1601 K STREET, NW

City State Zip Code  
WASHINGTON DC 20006-1682

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

**Transaction ID : SA11.5275**

Amount of Each Receipt this Period

1000.00
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CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC. PAC**

Mailing Address 600 14TH ST NW SUITE 800

City State Zip Code  
WASHINGTON DC 20005-2099

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : SA11.5285**

Amount of Each Receipt this Period

1000.00
---------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**L-3 COMMUNICATIONS CORPORATION PAC**

Mailing Address 600 THIRD AVENUE

City State Zip Code  
NEW YORK NY 10016-1901

FEC ID number of contributing federal political committee. **C** C00338087

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2015

**Transaction ID : SA11.5135**

Amount of Each Receipt this Period

1000.00
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CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**LEADERSHIP MATERS FOR AMERICA PAC INC.**

Mailing Address PO BOX 225

City	State	Zip Code
COLONIA	NJ	07067-0225

FEC ID number of contributing  
federal political committee.**C** C00571778

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2015

**Transaction ID : SA11.5133**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LIBERTY PROJECT**

Mailing Address PO BOX 53866

City	State	Zip Code
LUBBOCK	TX	79453-3866

FEC ID number of contributing  
federal political committee.**C** C00446625

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2015

**Transaction ID : SA11.5418**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORPORATION EMPLOYEE'S PAC**

Mailing Address 2121 CRYSTAL DRIVE SUITE 100

City	State	Zip Code
ARLINGTON	VA	22202-3706

FEC ID number of contributing  
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2015

**Transaction ID : SA11.5195**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 75 OF 168

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**

 Full Name (Last, First, Middle Initial)  
**LYNN PAC**

Mailing Address P.O. BOX 1872

City	State	Zip Code
TOPEKA	KS	66601-1872

FEC ID number of contributing federal political committee.

C C00491043

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11.5208

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A**

Mailing Address 1095 AVENUE OF THE AMERICAS

City	State	Zip Code
NEW YORK	NY	10036-6797

FEC ID number of contributing federal political committee.

C C00040923

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5464

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MICROSOFT CORPORATION PAC**Mailing Address 16011 NE 36TH WAY  
BOX 97017

City	State	Zip Code
REDMOND	WA	98052-6301

FEC ID number of contributing federal political committee.

C C00227546

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5466

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 76 OF 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**MORE CONSERVATIVES PAC (MC PAC)**

Mailing Address 228 S. WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314-5404

FEC ID number of contributing federal political committee.

C C00540187

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SA11.5493

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

DEBT RETIREMENT GENERAL 2014 DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

**MVP HEALTH CARE INC FEDERAL PAC**

Mailing Address 625 STATE STREET

City	State	Zip Code
SCHENECTADY	NY	12305-2111

FEC ID number of contributing federal political committee.

C C00431429

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2015

Transaction ID : SA11.5425

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**

Mailing Address 3601 VINCENNES RD

City	State	Zip Code
INDIANAPOLIS	IN	46268-1154

FEC ID number of contributing federal political committee.

C C00170258

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5460

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF BROADCASTERS PAC**

Mailing Address 1771 N STREET NW

City	State	Zip Code
WASHINGTON	DC	20036-2800

FEC ID number of contributing  
federal political committee.**C** C00009985

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.5475**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**

Mailing Address 3601 VINCENNES RD

City	State	Zip Code
INDIANAPOLIS	IN	46268-1154

FEC ID number of contributing  
federal political committee.**C** C00170258

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11.5508**

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL COMMUNITY PHARMACISTS ASSOCIATION PAC**

Mailing Address 100 DAINGERFIELD RD

City	State	Zip Code
ALEXANDRIA	VA	22314-6302

FEC ID number of contributing  
federal political committee.**C** C00030809

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2015

**Transaction ID : SA11.5400**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 78 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**

 Full Name (Last, First, Middle Initial)  
**A. NATIONAL CORN GROWERS ASSOCIATION (NCGA PAC)**

 Mailing Address 20 F STREET NW  
 SUITE 600

City	State	Zip Code
WASHINGTON	DC	20001-6707

 FEC ID number of contributing  
 federal political committee.

**C** C00376343

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

Transaction ID : SA11.5408

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

 Full Name (Last, First, Middle Initial)  
**B. NATIONAL EMERGENCY MEDICINE PAC**

Mailing Address PO BOX 619911

City	State	Zip Code
DALLAS	TX	75261-9911

 FEC ID number of contributing  
 federal political committee.

**C** C00140061

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

Transaction ID : SA11.5402

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

 Full Name (Last, First, Middle Initial)  
**C. NATIONAL EMERGENCY MEDICINE PAC**

Mailing Address PO BOX 619911

City	State	Zip Code
DALLAS	TX	75261-9911

 FEC ID number of contributing  
 federal political committee.

**C** C00140061

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5462

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**NATIONAL EMERGENCY MEDICINE PAC**

Mailing Address PO BOX 619911

City	State	Zip Code
DALLAS	TX	75261-9911

FEC ID number of contributing  
federal political committee.**C** C00140061

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5463

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL MULTIFAMILY HOUSING COUNCIL PAC**

Mailing Address 1850 M STREET NW SUITE 540

City	State	Zip Code
WASHINGTON	DC	20036-5816

FEC ID number of contributing  
federal political committee.**C** C00130773

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		22		2015

Transaction ID : SA11.5214

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL MULTIFAMILY HOUSING COUNCIL PAC**

Mailing Address 1850 M STREET NW SUITE 540

City	State	Zip Code
WASHINGTON	DC	20036-5816

FEC ID number of contributing  
federal political committee.**C** C00130773

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5259

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

6000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 168

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL RETAIL FEDERATION (RETAIL PAC)**

Mailing Address 1101 NEW YORK AVENUE, NW  
SUITE 1200

City State Zip Code  
WASHINGTON DC 20005-4348

FEC ID number of contributing federal political committee. **C** C00040329

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt

M M	D D	Y Y Y Y
05	22	2015

Transaction ID : SA11.5222

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code  
FAIRFAX VA 22030-7550

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt

M M	D D	Y Y Y Y
06	20	2015

Transaction ID : SA11.5404

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL STONE, SAND & GRAVEL ASSOCIATION (ROCKPAC)**

Mailing Address 1605 KING ST

City State Zip Code  
ALEXANDRIA VA 22314-2726

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	30	2015

Transaction ID : SA11.5507

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 81 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**
**A.** Full Name (Last, First, Middle Initial)  
**NEA FUND FOR CHILDREN AND PUBLIC EDUCATION**

Mailing Address 1201 16TH STREET NW STE 418

City	State	Zip Code
WASHINGTON	DC	20036-3201

FEC ID number of contributing federal political committee.

C C00003251

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2015

Transaction ID : SA11.5087

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NEA FUND FOR CHILDREN AND PUBLIC EDUCATION**

Mailing Address 1201 16TH STREET NW STE 418

City	State	Zip Code
WASHINGTON	DC	20036-3201

FEC ID number of contributing federal political committee.

C C00003251

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11.5269

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NEW PAC**

Mailing Address PO BOX 7480

City	State	Zip Code
VISALIA	CA	93290-7480

FEC ID number of contributing federal political committee.

C C00398750

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11.5254

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4400.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**NEW YORK LIFE INSURANCE COMPANY PAC**

Mailing Address 51 MADISON AVE ROOM 1109

City	State	Zip Code
NEW YORK	NY	10010-1603

FEC ID number of contributing  
federal political committee.**C** C00158881

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2015

**Transaction ID : SA11.5458**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ORACLE AMERICA, INC. PAC**

Mailing Address 1015 15TH ST NW

City	State	Zip Code
WASHINGTON	DC	20005-2605

FEC ID number of contributing  
federal political committee.**C** C00323048

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

90.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2015

**Transaction ID : SA11.5519**

Amount of Each Receipt this Period

90.00

CONTRIBUTION

INKIND- FACILITY RENTAL

**C.** Full Name (Last, First, Middle Initial)  
**ORBITAL ATK INC PAC**Mailing Address 1300 WILSON BLVD  
SUITE 1100

City	State	Zip Code
ARLINGTON	VA	22209-2330

FEC ID number of contributing  
federal political committee.**C** C00250209

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

**Transaction ID : SA11.5426**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

6090.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 OF 168

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PECKHAM INDUSTRIES INC. FEDERAL PAC**

Mailing Address 20 HARLEM AVE

City State Zip Code  
 WHITE PLAINS NY 10603-2223

FEC ID number of contributing  
federal political committee.

**C** C00343681

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 22 2015

**Transaction ID : SA11.5206**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PIONEER POLITICAL ACTION COMMITTEE**

Mailing Address 701 8TH ST, NW  
 STE 500

City State Zip Code  
 WASHINGTON DC 20001-3965

FEC ID number of contributing  
federal political committee.

**C** C00325357

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 10 2015

**Transaction ID : SA11.5250**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PORTER GORDON SILVER PAC**

Mailing Address PO BOX 15858

City State Zip Code  
 WASHINGTON DC 20003-0858

FEC ID number of contributing  
federal political committee.

**C** C00507913

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 22 2015

**Transaction ID : SA11.5226**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 84 OF 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**PRICEWATERHOUSECOOPERS PAC**

Mailing Address 1301 K STREET NY SUITE 800 WEST

City

WASHINGTON

State

DC

Zip Code

20005-3317

FEC ID number of contributing federal political committee.

C C00107235

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5279

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PROSPERITY ACTION INC**

Mailing Address 1006 PENDLETON ST

City

ALEXANDRIA

State

VA

Zip Code

22314-1837

FEC ID number of contributing federal political committee.

C C00377689

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SA11.5432

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RAYTHEON COMPANY PAC**

Mailing Address 1100 WILSON BLVD. SUITE 1500

City

ARLINGTON

State

VA

Zip Code

22209-3900

FEC ID number of contributing federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

Transaction ID : SA11.5130

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 168

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress****A.** Full Name (Last, First, Middle Initial)  
**RAYTHEON COMPANY PAC**

Mailing Address 1100 WILSON BLVD. SUITE 1500

City	State	Zip Code
ARLINGTON	VA	22209-3900

FEC ID number of contributing  
federal political committee.**C** C00097568

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2015

**Transaction ID : SA11.5194**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM)**

Mailing Address PO BOX 1011

City	State	Zip Code
WHEATON	IL	60187-1011

FEC ID number of contributing  
federal political committee.**C** C00451294

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : SA11.5422**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROAD TO FREEDOM PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314-5404

FEC ID number of contributing  
federal political committee.**C** C00486043

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

**Transaction ID : SA11.5469**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

8500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 86 OF 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)

Mailing Address 4800 W GATES PASS RD

City

TUCSON

State

AZ

Zip Code

85745-9600

FEC ID number of contributing  
federal political committee.

C C00122101

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11.5461

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

STATE FARM FEDERAL PAC

Mailing Address ONE STATE FARM PLAZA

City

BLOOMINGTON

State

IL

Zip Code

61710-0001

FEC ID number of contributing  
federal political committee.

C C00544817

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA11.5273

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SUPPORT TO ENSURE VICTORY EVERYWHERE PAC (STEVE PAC)

Mailing Address 228 S. WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.

C C00501478

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11.5506

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN PAC**

Mailing Address 4703 WOODWAY LANE NW

City WASHINGTON	State DC	Zip Code 20016-3240
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FEC ID number of contributing federal political committee. **C** C00564385

Name of Employer	Occupation
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Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : SA11.5260

Amount of Each Receipt this Period

1000.00
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CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**T-MOBILE PAC**

Mailing Address 601 PENNSYLVANIA AVENUE NW  
SUITE 800 NORTH BLDG.

City WASHINGTON	State DC	Zip Code 20004-2710
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FEC ID number of contributing federal political committee. **C** C00361758

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.5514

Amount of Each Receipt this Period

500.00
--------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TEAM REPUBLICANS UTILIZING SENSIBLE TACTICS (TRUST PAC)**

Mailing Address 228 S WASHINGTON ST SUITE 115 BS

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00330720

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2015

Transaction ID : SA11.5205

Amount of Each Receipt this Period

2000.00
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CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3500.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 OF 168

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>THE FREEDOM PROJECT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2015	
Mailing Address 320 FIRST STREET SE		<b>Transaction ID : SA11.5201</b>	
City WASHINGTON	State DC	Zip Code 20003-1838	Amount of Each Receipt this Period _____ 5000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b> C00305805			
Name of Employer	Occupation		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>THE FREEDOM PROJECT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2015	
Mailing Address 320 FIRST STREET SE		<b>Transaction ID : SA11.5207</b>	
City WASHINGTON	State DC	Zip Code 20003-1838	Amount of Each Receipt this Period _____ 5000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b> C00305805			
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>THE GOOD FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015	
Mailing Address PO BOX 3404		<b>Transaction ID : SA11.5258</b>	
City ALEXANDRIA	State VA	Zip Code 22302-0404	Amount of Each Receipt this Period _____ 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b> C00409185			
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 11000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>THE HOME DEPOT INC. PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		30		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		30		2015									
Mailing Address 1155 F STREET, NW SUITE 400		<b>Transaction ID : SA11.5516</b>											
City WASHINGTON	State DC	Zip Code 20004-1346	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>5000.00</td> </tr> </table>						5000.00				
					5000.00								
FEC ID number of contributing federal political committee. <b>C</b> C00284885		CONTRIBUTION											
Name of Employer  	Occupation  	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>10000.00</td> </tr> </table>							10000.00				
					10000.00								
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>10000.00</td> </tr> </table>							10000.00				
					10000.00								

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>THOMPSON COBURN PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		10		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		10		2015									
Mailing Address 1909 K STREET NW SUITE 600		<b>Transaction ID : SA11.5271</b>											
City WASHINGTON	State DC	Zip Code 20006-1167	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>						1000.00				
					1000.00								
FEC ID number of contributing federal political committee. <b>C</b> C00550491		CONTRIBUTION											
Name of Employer  	Occupation  	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00								
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00								

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>TUESDAY GROUP PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		25		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		25		2015									
Mailing Address 209 PENNSYLVANIA AVENUE, S.E.		<b>Transaction ID : SA11.5424</b>											
City WASHINGTON	State DC	Zip Code 20003-1107	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>						2500.00				
					2500.00								
FEC ID number of contributing federal political committee. <b>C</b> C00433060		CONTRIBUTION											
Name of Employer  	Occupation  	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>							2500.00				
					2500.00								
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>5000.00</td> </tr> </table>							5000.00				
					5000.00								

  

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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>TWENTY-FIRST CENTURY FOX INC (FOXPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015	
Mailing Address 400 NORTH CAPITOL STREET, NW SUITE 890		<b>Transaction ID : SA11.5278</b>	
City	State	Zip Code	
WASHINGTON	DC	20001-1555	
FEC ID number of contributing federal political committee.		C C00330019	
Name of Employer		Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>UBS AMERICAS INC PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2015	
Mailing Address 400 ATLANTIC STREET C/O PER DYRVIK		<b>Transaction ID : SA11.5472</b>	
City	State	Zip Code	
STAMFORD	CT	06901-3512	
FEC ID number of contributing federal political committee.		C C00012245	
Name of Employer		Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	
		Amount of Each Receipt this Period 2500.00 CONTRIBUTION	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>UPS PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2015	
Mailing Address 55 GLENLAKE PKWY NE		<b>Transaction ID : SA11.5457</b>	
City	State	Zip Code	
ATLANTA	GA	30328-3474	
FEC ID number of contributing federal political committee.		C C00064766	
Name of Employer		Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3500.00	
		Amount of Each Receipt this Period 2500.00 CONTRIBUTION	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		6000.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>VOICE FOR FREEDOM PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		10		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		10		2015									
Mailing Address 2700 CUMBERLAND PKWY STE 150		<b>Transaction ID : SA11.5252</b>											
City ATLANTA	State GA	Zip Code 30339-3321	Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> CONTRIBUTION	2500.00									
2500.00													
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td>C00409805</td> </tr> </table>		C	C00409805								
C	C00409805												
Name of Employer	Occupation												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00										
2500.00													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>WEYERHAEUSER PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		10		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		10		2015									
Mailing Address PO BOX 9777 CH-3D21		<b>Transaction ID : SA11.5277</b>											
City FEDERAL WAY	State WA	Zip Code 98063-9777	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> CONTRIBUTION	1000.00									
1000.00													
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td>C00007948</td> </tr> </table>		C	C00007948								
C	C00007948												
Name of Employer	Occupation												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00										
1000.00													
<b>C.</b> Full Name (Last, First, Middle Initial) <b>WHAT A COUNTRY PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>29</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		29		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		29		2015									
Mailing Address 824 S MILLEDGE AVE STE 101		<b>Transaction ID : SA11.5468</b>											
City ATHENS	State GA	Zip Code 30605-1332	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> CONTRIBUTION	1000.00									
1000.00													
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td>C00571646</td> </tr> </table>		C	C00571646								
C	C00571646												
Name of Employer	Occupation												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00										
1000.00													
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>4500.00</td> </tr> </table>		4500.00									
4500.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td>232225.00</td> </tr> </table>		232225.00									
232225.00													

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 92 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**WINNING WOMEN 2016**

Mailing Address 228 S WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.**C** C00573469

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

120107.88

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5300

Amount of Each Receipt this Period

82731.97

CONTRIBUTION

TRANSFER OF NET JFC PROCEEDS - SEE  
ATTRIBUTION BELOW SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)

**KENNETH ABRAMOWITZ**

Mailing Address P.O. BOX 958

City

WASHINGTON

State

DC

Zip Code

20044-0958

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

NGN CAPITAL

ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5342

Amount of Each Receipt this Period

750.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**CLIFF ASNESS**Mailing Address 750 THIRD AVE.  
11TH FL.

City

NEW YORK

State

NY

Zip Code

10017-2703

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

AQR CAPITAL MANAGEMENT

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5349

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

82731.97

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 93 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

LAUREL ASNESS

A.

Mailing Address 750 THIRD AVE.

11TH FL.

City

NEW YORK

State

NY

Zip Code

10017-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5348

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

FRANK E. BAXTER

B.

Mailing Address 11100 SANTA MONICA BLVD, 11TH FL

City

LOS ANGELES

State

CA

Zip Code

90025-3384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5326

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

KENNETH J. BIALKIN

C.

Mailing Address 4 TIMES SQ, 44TH FL

City

NEW YORK

State

NY

Zip Code

10036-6518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SKADDEN ARPS

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5331

Amount of Each Receipt this Period

1080.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 94 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

PAMELA A. BREWSTER

A.

Mailing Address 1095 NATOMA ST., #6

City

SAN FRANCISCO

State

CA

Zip Code

94103-2598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ORANGE STRATEGIES, LLC

Occupation

PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5352

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

STEVEN COHEN

B.

Mailing Address 3 TRAILS END

City

CHAPPAQUA

State

NY

Zip Code

10514-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT MANAGEMENT CORP

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5347

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

CLARA E. DELVILLAR

C.

Mailing Address 265 EAST 66TH STREET, APT 44B

City

NEW YORK

State

NY

Zip Code

10065-6403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HISPANIC POST. COM.

Occupation

CEO/FOUNDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5338

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 95 OF 168

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANNE DICKERSON**

Mailing Address **236 WEST 26TH STREET, 2W**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10001-6892</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>SINGER FOUNDATION</b>	Occupation <b>EXECUTIVE</b>
--	--------------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : **SA12.5301**

Amount of Each Receipt this Period

<b>2700.00</b>
----------------

CONTRIBUTION

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**STEPHEN DIZARD**

Mailing Address **1 CENTRAL PARK WEST, #29C**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10023-7703</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>WOOD CAPITAL PARTNERS</b>	Occupation <b>CONSULTANT</b>
--	---------------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : **SA12.5340**

Amount of Each Receipt this Period

<b>2700.00</b>
----------------

CONTRIBUTION

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**JULIE ANNE FANE**

Mailing Address **102 PROSPECT ST**

City <b>ITHACA</b>	State <b>NY</b>	Zip Code <b>14850-5650</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>ITHACA RENTING CO.</b>	Occupation <b>CONSULTANT</b>
---	---------------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : **SA12.5333**

Amount of Each Receipt this Period

<b>1000.00</b>
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CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

<b>0.00</b>
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 168

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PHILIP H. GEIER JR.**

Mailing Address **70 EAST 55TH STREET, 15TH FLR.**  
**15TH FL.**

City **NEW YORK** State **NY** Zip Code **10022-3386**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **SELF-EMPLOYED**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5343**

Amount of Each Receipt this Period

2700.00
---------

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH C. GRIFFIN**

Mailing Address **131 S. DEARBORN ST.**

City **CHICAGO** State **IL** Zip Code **60603-5517**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CITADEL, LLC** Occupation **FOUNDER/CEO**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5356**

Amount of Each Receipt this Period

2700.00
---------

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**LEE GRINBERG**

Mailing Address **40 WEST 57TH STREET**

City **NEW YORK** State **NY** Zip Code **10019-4001**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ELLIOTT MANAGEMENT CORP.** Occupation **FINANCE**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5346**

Amount of Each Receipt this Period

2500.00
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CONTRIBUTION

**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 97 OF 168

(check only one)

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JAIME HOBBEHEYDAR**

Mailing Address 80 RIVERSIDE BLVD., APT. 6J

City

NEW YORK

State

NY

Zip Code

10069-0307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT MANAGEMENT CORP

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5316

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**RUTH KING**

Mailing Address 350 E 79TH STREET, APT 9D

City

NEW YORK

State

NY

Zip Code

10075-9205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5336

Amount of Each Receipt this Period

250.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**JOSEPH KRISTOL**

Mailing Address 200 E 24TH ST

City

NEW YORK

State

NY

Zip Code

10010-3916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCKINSEY &amp; CO

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5310

Amount of Each Receipt this Period

400.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 168

(check only one)

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL J. LEFFELL**

Mailing Address 35 SHELDRAKE RD

City State Zip Code  
SCARSDALE NY 10583-3409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PORTAGE ADVISORS, LLC CONSULTANT

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5325

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**FRAYDA LEVIN**

Mailing Address 33 CRYSTAL RD

City State Zip Code  
MOUNTAIN LAKES NJ 07046-1504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5330

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**LEORA LEVY**

Mailing Address 59 PECKSLAND RD

City State Zip Code  
GREENWICH CT 06831-3711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5357

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

0.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 99 OF 168

(check only one)

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BONNIE J. LOEB**

Mailing Address 315 EAST 68TH ST., APT. 10A

City NEW YORK	State NY	Zip Code 10065-5603
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 5400.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5351

Amount of Each Receipt this Period

2700.00
---------

CONTRIBUTION

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**DANIEL LOEB**

Mailing Address 15 CENTRAL PARK WEST, PH39

City NEW YORK	State NY	Zip Code 10023-7719
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer THIRD POINT, LLC	Occupation INVESTMENT MANAGER
--------------------------------------	----------------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 5400.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5303

Amount of Each Receipt this Period

2700.00
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CONTRIBUTION

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**ADELE O. MALPASS**

Mailing Address 275 CENTRAL PARK WEST, APT. 9B

City NEW YORK	State NY	Zip Code 10024-3039
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ENCIMA GLOBAL	Occupation ECONOMIST
-----------------------------------	-------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2700.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5355

Amount of Each Receipt this Period

2700.00
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CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 100 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LINDA E. MCMAHON**

Mailing Address **14 HURLINGHAM DR.**

City **GREENWICH** State **CT** Zip Code **06831-2739**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **EXECUTIVE**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5302

Amount of Each Receipt this Period

2700.00
---------

CONTRIBUTION

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**DAVID JAMES MILLER**

Mailing Address **347 W. BROADWAY, APT. 7**

City **NEW YORK** State **NY** Zip Code **10013-2239**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ELLIOTT MANAGEMENT CORP** Occupation **PORTFOLIO MANAGER**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5341

Amount of Each Receipt this Period

2700.00
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CONTRIBUTION

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**HELENE M. ORCE**

Mailing Address **22 HEARTHSTONE CIR**

City **SCARSDALE** State **NY** Zip Code **10583-1202**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5324

Amount of Each Receipt this Period

500.00
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CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 OF 168

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NAOMI A. PERLMAN**  
Mailing Address 800 5TH AVENUE, APT 22F

City State Zip Code  
NEW YORK NY 10065-7289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GATESTONE INSTITUTE

Occupation  
CO-FOUNDER

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 10 2015

Transaction ID : SA12.5332

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**JONATHAN DAVID POLLOCK**  
Mailing Address 40 WEST 57TH STREET

City State Zip Code  
NEW YORK NY 10019-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELLIOTT MANAGEMENT CORP

Occupation  
EXECUTIVE

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt

M M / D D / Y Y Y Y  
06 10 2015

Transaction ID : SA12.5313

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**TEA NADEZDA Z. POLLOCK**  
Mailing Address 40 WEST 57TH STREET

City State Zip Code  
NEW YORK NY 10019-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
ARTIST

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt

M M / D D / Y Y Y Y  
06 10 2015

Transaction ID : SA12.5314

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 102 OF 168

(check only one)

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

RICHARD S. RITHOLZ

A.

Mailing Address 282 HARTSHORN DR.

City

SHORT HILLS

State

NJ

Zip Code

07078-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT MANAGEMENT CORP.

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5306

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

PETER J. RIZZI

B.

Mailing Address 16 SAMANTHA DR.

City

MONROE TOWNSHIP

State

NJ

Zip Code

08831-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT MANAGEMENT CORP.

Occupation

TRADER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5305

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

LEIGH ANN RYAN

C.

Mailing Address 141 PARSONAGE RD.

City

GREENWICH

State

CT

Zip Code

06830-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5354

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 168

(check only one)

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**ROBERT P. RYAN****A.**

Mailing Address 141 PARSONAGE RD.

City

GREENWICH

State

CT

Zip Code

06830-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT MANAGEMENT CORP.

Occupation

PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5353

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**CHARLES R. SCHWAB****B.**

Mailing Address P.O. BOX 192861

City

SAN FRANCISCO

State

CA

Zip Code

94119-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHARLES SCHWAB CORP

Occupation

CHAIRMAN/FOUNDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5309

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**DANIEL S. SENOR****C.**

Mailing Address 529 5TH AVE, 4TH FL

City

NEW YORK

State

NY

Zip Code

10017-4608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT MANAGEMENT CORP.

Occupation

SENIOR ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5317

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 104 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**MICHAEL SIMOFF**

Mailing Address P.O. BOX 951

City

NEW VERNON

State

NJ

Zip Code

07976-0951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT MANAGEMENT CORP

Occupation

PORTFOLIO MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5311

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**LAWRENCE SIMON**

Mailing Address 58 TAMMYS LN

City

MUTTONTOWN

State

NY

Zip Code

11791-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5327

Amount of Each Receipt this Period

150.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**SANDRA SIMON**

Mailing Address 58 TAMMYS LN

City

MUTTONTOWN

State

NY

Zip Code

11791-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5328

Amount of Each Receipt this Period

150.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 OF 168

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>GORDON M. SINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015	
Mailing Address <b>7 LANGFORD PLACE</b>		<b>Transaction ID : SA12.5307</b>	
City <b>LONDON</b>	State <b>W1K6A-</b>	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION	
Name of Employer <b>ELLIOTT ADVISORS</b>	Occupation <b>EXECUTIVE</b>	<b>[MEMO ITEM]</b> VERIFIED U.S. CITIZEN	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JENNIFER SINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015	
Mailing Address <b>7 LANGFORD PLACE</b>		<b>Transaction ID : SA12.5350</b>	
City <b>LONDON</b>	State <b>NW801-</b>	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION	
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	<b>[MEMO ITEM]</b> VERIFIED U.S. CITIZEN	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>LARRY SINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015	
Mailing Address <b>2621 COUNTY RD., #100</b>		<b>Transaction ID : SA12.5315</b>	
City <b>CARBONDALE</b>	State <b>CO</b>	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION	
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>DENTIST</b>	<b>[MEMO ITEM]</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		0.00	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 106 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL SINGER**

Mailing Address **1 WEST 81ST STREET**

City State Zip Code  
**NEW YORK NY 10024-6048**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**ELLIOTT MANAGEMENT CORP.**Occupation  
**EXECUTIVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5312**

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS W. SMITH**

Mailing Address **2200 BUTTS ROAD**

City State Zip Code  
**BOCA RATON FL 33431-7439**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**PRESCOTT INVESTORS, INC.**Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5339**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**ERICA J. STEIN**

Mailing Address **181 E 65TH ST**

City State Zip Code  
**NEW YORK NY 10065-6607**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**SELF-EMPLOYED**Occupation  
**INVESTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5334**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 107 OF 168

(check only one)

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

ELIZABETH MAY STERN

A.

Mailing Address 450 FORT HILL RD.

City

SCARSDALE

State

NY

Zip Code

10583-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5308

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

SARAH MAY STERN

B.

Mailing Address 108 ARDSLEY RD.

City

SCARSDALE

State

NY

Zip Code

10583-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5337

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

CANDACE STRAIGHT

C.

Mailing Address 518 EAST PASSAIC AVENUE

City

BLOOMFIELD

State

NJ

Zip Code

07003-5315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5304

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**STEPHEN T. WHELAN**

Mailing Address **405 LEXINGTON AVE.**

City State Zip Code  
**NEW YORK NY 10174-0001**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**BLANK ROME, LLP**Occupation  
**ATTORNEY**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5344**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**[MEMO ITEM]**

B. Full Name (Last, First, Middle Initial)  
**ADA G. ZAMBETTI**

Mailing Address **141 EAST 72ND STREET**

City State Zip Code  
**NEW YORK NY 10021-4315**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**RETIRED**Occupation  
**RETIRED**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5335**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**[MEMO ITEM]**

C. Full Name (Last, First, Middle Initial)  
**WINNING WOMEN 2016**

Mailing Address **228 S WASHINGTON ST STE 115**

City State Zip Code  
**ALEXANDRIA VA 22314-5404**

FEC ID number of contributing  
federal political committee.**C C00573469**

Name of Employer

Occupation

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**120107.88**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5345**

Amount of Each Receipt this Period

**37375.91**

CONTRIBUTION

TRANSFER OF NET JFC PROCEEDS - SEE  
ATTRIBUTION BELOW SEE ATTRIBUTION BELOW**37375.91****SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 109 OF 168

(check only one)

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**CLIFF ASNESS**

Mailing Address **750 THIRD AVE.**  
**11TH FL.**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10017-2703</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AQR CAPITAL MANAGEMENT**

Occupation  
**ATTORNEY**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**5400.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5376

Amount of Each Receipt this Period

**2700.00**

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**LAUREL ASNESS**

Mailing Address **750 THIRD AVE.**  
**11TH FL.**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10017-2703</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**5400.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5377

Amount of Each Receipt this Period

**2700.00**

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**N. ASLI AY**Mailing Address **11 E 88TH ST APT 5AD**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10128-0510</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US POLICY METRICS**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

Transaction ID : SA12.5375

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**0.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>PHILIP H. GEIER JR.</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		10		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		10		2015									
Mailing Address <b>70 EAST 55TH STREET, 15TH FLR.</b> <b>15TH FL.</b>		<b>Transaction ID : SA12.5372</b>											
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10022-3386</b>											
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>2700.00</td> </tr> </table>						2700.00					
				2700.00									
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>SELF-EMPLOYED</b>		CONTRIBUTION										
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>5400.00</td> </tr> </table>						5400.00	<b>[MEMO ITEM]</b>					
				5400.00									

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>KENNETH C. GRIFFIN</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		10		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		10		2015									
Mailing Address <b>131 S. DEARBORN ST.</b>		<b>Transaction ID : SA12.5380</b>											
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60603-5517</b>											
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>2700.00</td> </tr> </table>						2700.00					
				2700.00									
Name of Employer <b>CITADEL, LLC</b>	Occupation <b>FOUNDER/CEO</b>		CONTRIBUTION										
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>5400.00</td> </tr> </table>						5400.00	<b>[MEMO ITEM]</b>					
				5400.00									

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>RUTH KING</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		10		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		10		2015									
Mailing Address <b>350 E 79TH STREET, APT 9D</b>		<b>Transaction ID : SA12.5374</b>											
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10075-9205</b>											
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table>						250.00					
				250.00									
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		CONTRIBUTION										
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>						500.00	<b>[MEMO ITEM]</b>					
				500.00									

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>0.00</td> </tr> </table>						0.00
				0.00				
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>						

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 111 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**MICHAEL J. LEFFELL**

Mailing Address 35 SHELDRAKE RD

City	State	Zip Code
SCARSDALE	NY	10583-3409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 PORTAGE ADVISORS, LLC

Occupation  
 CONSULTANT

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5363

Amount of Each Receipt this Period

1000.00
---------

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)  
**BONNIE J. LOEB**

Mailing Address 315 EAST 68TH ST., APT. 10A

City	State	Zip Code
NEW YORK	NY	10065-5603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5379

Amount of Each Receipt this Period

2700.00
---------

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)  
**DANIEL LOEB**

Mailing Address 15 CENTRAL PARK WEST, PH39

City	State	Zip Code
NEW YORK	NY	10023-7719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 THIRD POINT, LLC

Occupation  
 INVESTMENT MANAGER

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA12.5362

Amount of Each Receipt this Period

2700.00
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CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 112 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LINDA E. MCMAHON**

Mailing Address **14 HURLINGHAM DR.**

City **GREENWICH** State **CT** Zip Code **06831-2739**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **EXECUTIVE**

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5361**

Amount of Each Receipt this Period

<b>2700.00</b>
----------------

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**FRANCIS J. MENTON**

Mailing Address **302A WEST 12TH STREET, #367**

City **NEW YORK** State **NY** Zip Code **10014-7906**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WILLKIE FARR & GALLAGHER** Occupation **ATTORNEY**

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5373**

Amount of Each Receipt this Period

<b>500.00</b>
---------------

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**BRANDON PAINE**

Mailing Address **P.O. BOX 4668**

City **NEW YORK** State **NY** Zip Code **10163-4668**

FEC ID number of contributing federal political committee. **C**

Name of Employer **APPLE** Occupation **INTERNET**

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2015

**Transaction ID : SA12.5382**

Amount of Each Receipt this Period

<b>1000.00</b>
----------------

CONTRIBUTION

**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

<b>0.00</b>
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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 113 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**JONATHAN DAVID POLLOCK****A.**

Mailing Address 40 WEST 57TH STREET

City

NEW YORK

State

NY

Zip Code

10019-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT MANAGEMENT CORP

Occupation

EXECUTIVE

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2015

Transaction ID : SA12.5368

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**TEA NADEZDA Z. POLLOCK****B.**

Mailing Address 40 WEST 57TH STREET

City

NEW YORK

State

NY

Zip Code

10019-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ARTIST

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2015

Transaction ID : SA12.5369

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**CHARLES R. SCHWAB****C.**

Mailing Address P.O. BOX 192861

City

SAN FRANCISCO

State

CA

Zip Code

94119-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHARLES SCHWAB CORP

Occupation

CHAIRMAN/FOUNDER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2015

Transaction ID : SA12.5367

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 114 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
---	-------------------------------------	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

A. Full Name (Last, First, Middle Initial)  
**LAWRENCE SIMON**

Mailing Address **58 TAMMYS LN**

City State Zip Code  
**MUTTONTOWN NY 11791-2430**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

**06 / 10 / 2015**

Transaction ID : **SA12.5364**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)  
**SANDRA SIMON**

Mailing Address **58 TAMMYS LN**

City State Zip Code  
**MUTTONTOWN NY 11791-2430**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

**06 / 10 / 2015**

Transaction ID : **SA12.5365**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)  
**GORDON M. SINGER**

Mailing Address **7 LANGFORD PLACE**

City State Zip Code  
**LONDON W1K6A-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ELLIOTT ADVISORS**

Occupation  
**EXECUTIVE**

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**5400.00**

Date of Receipt

**06 / 10 / 2015**

Transaction ID : **SA12.5366**

Amount of Each Receipt this Period

**2700.00**

CONTRIBUTION

[MEMO ITEM]

VERIFIED U.S. CITIZEN

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**0.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 115 OF 168

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
---	-------------------------------------	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

JENNIFER SINGER

A.

Mailing Address 7 LANGFORD PLACE

City

LONDON

State

Zip Code

NW801-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5378

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

VERIFIED U.S. CITIZEN

Full Name (Last, First, Middle Initial)

PAUL SINGER

B.

Mailing Address 1 WEST 81ST STREET

City

NEW YORK

State

NY

Zip Code

10024-6048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT MANAGEMENT CORP.

Occupation

EXECUTIVE

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5370

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

THOMAS W. SMITH

C.

Mailing Address 2200 BUTTS ROAD

City

BOCA RATON

State

FL

Zip Code

33431-7439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRESCOTT INVESTORS, INC.

Occupation

INVESTOR

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Transaction ID : SA12.5371

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

120107.88

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 168

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)

**AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City  
WASHINGTONState  
DCZip Code  
20002FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

211.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

Transaction ID : SA14.909

Amount of Each Receipt this Period

211.00

REFUND- TRAVEL

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

211.00

211.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**A. WILLIAM H. STRONG**

Mailing Address 800 NORTH MICHIGAN AVENUE

City	State	Zip Code
CHICAGO	IL	60611-2105

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

2438.75
---------

Transaction ID : SB17.5517

IN-KIND FOOD/BEVERAGES

**B. STEVEN WELLS**

Mailing Address 3 COVE LANE

City	State	Zip Code
FAETTEVILLE	NY	13066-1714

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2015

Amount of Each Disbursement this Period

2743.30
---------

Transaction ID : SB17.5520

INKIND- FOOD/BEVERAGES

**C. ACCURATE WORD LLC**

Mailing Address 4481 WHITE PLAINS LANE

City	State	Zip Code
WHITE PLAINS	MD	20695

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2015

Amount of Each Disbursement this Period

834.50
--------

Transaction ID : SB17.1374

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6016.55

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address PO BOX 842875

City  
BOSTONState  
MAZip Code  
02284Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2015

Amount of Each Disbursement this Period

65.66
-------

Transaction ID : SB17.1245

**B. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City  
DFW AIRPORTState  
TXZip Code  
75261Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

10.05
-------

Transaction ID : SB17.1256

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City  
DFW AIRPORTState  
TXZip Code  
75261Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

365.10
--------

Transaction ID : SB17.1257

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

440.81

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2015

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.1258

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2015

Amount of Each Disbursement this Period

1184.01
---------

Transaction ID : SB17.1259

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2015

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.1260

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1199.91

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

91.10
-------

Transaction ID : SB17.1261

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2015

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.1262

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 981532

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

Amount of Each Disbursement this Period

29.05
-------

Transaction ID : SB17.1263

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

128.10



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN VIEWPOINT INC**

Mailing Address 1199 NORTH FAIRFAX ST SUITE 808

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.1237

**B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2015

Amount of Each Disbursement this Period

42.00
-------

Transaction ID : SB17.1367

**C. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2015

Amount of Each Disbursement this Period

42.00
-------

Transaction ID : SB17.1368

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2584.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2015

Amount of Each Disbursement this Period

616.00
--------

Transaction ID : SB17.1369

**B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2015

Amount of Each Disbursement this Period

307.00
--------

Transaction ID : SB17.1370

**C. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

Amount of Each Disbursement this Period

267.00
--------

Transaction ID : SB17.1371

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

616.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. AVONDALE FINANCE LLC**

Mailing Address 100 TRADECENTER SUITE G-700

City	State	Zip Code
WOBURN	MA	01801

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2015

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : SB17.1377

**B. BOSTON HARBOR HOTEL**

Mailing Address 70 ROWES WHARF

City	State	Zip Code
BOSTON	MA	02110

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2015

Amount of Each Disbursement this Period

108.00
--------

Transaction ID : SB17.1246

**C. CANALETTO RESTAURANT**

Mailing Address 208 E 60TH ST

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

99.90
-------

Transaction ID : SB17.1290

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1707.90



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 18 / 2015

Amount of Each Disbursement this Period

111.85
--------

Transaction ID : SB17.1357

**B. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 17 / 2015

Amount of Each Disbursement this Period

131.14
--------

Transaction ID : SB17.1359

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 01 / 2015

Amount of Each Disbursement this Period

796.47
--------

Transaction ID : SB17.1336

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1039.46

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2015

Amount of Each Disbursement this Period

112.71
--------

Transaction ID : SB17.1337

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2015

Amount of Each Disbursement this Period

178.25
--------

Transaction ID : SB17.1338

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2015

Amount of Each Disbursement this Period

55.24
-------

Transaction ID : SB17.1339

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

346.20





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2015

Amount of Each Disbursement this Period

49.99
-------

Transaction ID : SB17.1343

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2015

Amount of Each Disbursement this Period

31.73
-------

Transaction ID : SB17.1344

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2015

Amount of Each Disbursement this Period

255.35
--------

Transaction ID : SB17.1345

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

337.07

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

327.49
--------

Purpose of Disbursement  
CREDIT CARD MERCHANT FEESCategory/  
Type

Transaction ID : SB17.1346

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

78.29
-------

Purpose of Disbursement  
CREDIT CARD MERCHANT FEESCategory/  
Type

Transaction ID : SB17.1347

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

798.00
--------

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICECategory/  
Type

Transaction ID : SB17.1348

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1203.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

798.00
--------

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICECategory/  
Type

Transaction ID : SB17.1349

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

798.00
--------

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICECategory/  
Type

Transaction ID : SB17.1350

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Mailing Address PO BOX 365

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2015

City	State	Zip Code
MCLEAN	VA	22101

Amount of Each Disbursement this Period

2100.00
---------

Purpose of Disbursement  
COMPLIANCE CONSULTINGCategory/  
Type

Transaction ID : SB17.1287

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3696.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2015

Amount of Each Disbursement this Period

2100.00
---------

Transaction ID : SB17.1288

**B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2015

Amount of Each Disbursement this Period

2100.00
---------

Transaction ID : SB17.1289

**C. CONGRESSIONAL LIQUOR**

Mailing Address 404 FIRST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2015

Amount of Each Disbursement this Period

150.32
--------

Transaction ID : SB17.1354

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4350.32

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CONGRESSIONAL WOMEN'S SOFTBALL GAME INC**

Mailing Address 1514 D STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.1365

**B. CONGRESSIONAL WOMEN'S SOFTBALL GAME INC**

Mailing Address 1514 D STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2015

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : SB17.1366

**C. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2015

Amount of Each Disbursement this Period

66.17
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Transaction ID : SB17.1253

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

606.17

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CREATSEND.COM**

Mailing Address SUITE 11 INFORMATION AGE PARK

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2015

City	State	Zip Code
CLARE, IRELAND	ZZ	99999

Purpose of Disbursement  
WEB SERVICE

Amount of Each Disbursement this Period

1.99
------

Transaction ID : SB17.1254

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. CSC CAPITAL LLC**

Mailing Address 38 CONDON RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2015

City	State	Zip Code
STILLWATER	NY	12170

Purpose of Disbursement  
FINANCE CONSULTING

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.1333

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. CSC CAPITAL LLC**

Mailing Address 38 CONDON RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2015

City	State	Zip Code
STILLWATER	NY	12170

Purpose of Disbursement  
FINANCE CONSULTING

Amount of Each Disbursement this Period

10000.00
----------

Transaction ID : SB17.1334

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12501.99

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. CSC CAPITAL LLC**

Mailing Address 38 CONDON RD

City	State	Zip Code
STILLWATER	NY	12170

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2015

Amount of Each Disbursement this Period

4000.00
---------

Transaction ID : SB17.1335

**B. CVS**

Mailing Address 1403 WISCONSIN AVE NW

City	State	Zip Code
WASHINGTON	DC	20007

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

Amount of Each Disbursement this Period

22.75
-------

Transaction ID : SB17.1364

**C. ESSEX COUNTY REP. COMM.**

Mailing Address 908 MIDDLE RD

City	State	Zip Code
WILLSBORO	NY	12996

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2015

Amount of Each Disbursement this Period

270.00
--------

Transaction ID : SB17.1375

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4292.75

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 21 CONGRESS STREET #101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2015

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Amount of Each Disbursement this Period

21.75
-------

Purpose of Disbursement  
DELIVERYCategory/  
Type

Transaction ID : SB17.1327

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 21 CONGRESS STREET #101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2015

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Amount of Each Disbursement this Period

21.50
-------

Purpose of Disbursement  
DELIVERYCategory/  
Type

Transaction ID : SB17.1328

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 21 CONGRESS STREET #101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2015

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Amount of Each Disbursement this Period

26.00
-------

Purpose of Disbursement  
DELIVERYCategory/  
Type

Transaction ID : SB17.1329

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

69.25





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. FIRST NIAGARA BANK**

Mailing Address PO BOX 514

City	State	Zip Code
LOCKPORT	NY	14095

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2015

Amount of Each Disbursement this Period

120.34
--------

Transaction ID : SB17.1285

**B. FRIENDS OF THE NRA**

Mailing Address 11250 WAPLES MILL RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2015

Amount of Each Disbursement this Period

70.00
-------

Transaction ID : SB17.1266

**C. GLENS FALLS PRINTING**

Mailing Address 51 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2015

Amount of Each Disbursement this Period

589.84
--------

Transaction ID : SB17.1277

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

780.18

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. HARVARD CLUB OF NEW YORK CITY**

Mailing Address PO BOX 749

City	State	Zip Code
BUFFALO	NY	14240

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2015

Amount of Each Disbursement this Period

1160.52
---------

Transaction ID : SB17.1247

**B. I360 LLC**

Mailing Address PO BOX 37046

City	State	Zip Code
BALTIMORE	MD	21297

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2015

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.1242

**c. I360 LLC**

Mailing Address PO BOX 37046

City	State	Zip Code
BALTIMORE	MD	21297

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2015

Amount of Each Disbursement this Period

550.00
--------

Transaction ID : SB17.1243

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1910.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. I360 LLC**

Mailing Address PO BOX 37046

City	State	Zip Code
BALTIMORE	MD	21297

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2015

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.1244

**B. IMGE LLC**

Mailing Address 603 KING ST 4TH FL

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2015

Amount of Each Disbursement this Period

249.00
--------

Transaction ID : SB17.1239

**C. INTUIT**

Mailing Address 4055 CORPORATE DR STE 100

City	State	Zip Code
GRAPEVINE	TX	76051

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2015

Amount of Each Disbursement this Period

29.11
-------

Transaction ID : SB17.1278

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

478.11

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 4055 CORPORATE DR STE 100

City	State	Zip Code
GRAPEVINE	TX	76051

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

29.11
-------

Transaction ID : SB17.1279

**B. INTUIT**

Mailing Address 4055 CORPORATE DR STE 100

City	State	Zip Code
GRAPEVINE	TX	76051

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

Amount of Each Disbursement this Period

29.11
-------

Transaction ID : SB17.1280

**C. JETBLUE**

Mailing Address 27-01 QUEENS PLAZA N

City	State	Zip Code
LONG ISLAND	NY	11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

Amount of Each Disbursement this Period

182.10
--------

Transaction ID : SB17.1286

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

240.32

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. MARRIOTT CHICAGO**

Mailing Address 2 PARKWAY NORTH

City	State	Zip Code
DEERFIELD	IL	60015

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

Amount of Each Disbursement this Period

215.04
--------

Transaction ID : SB17.1255

**B. NEW FRONTIER STRATEGY**

Mailing Address 315 KENTUCKY AVE

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.1236

SEE SCHEDULE D

**C. NEW FRONTIER STRATEGY**

Mailing Address 315 KENTUCKY AVE

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2015

Amount of Each Disbursement this Period

2058.46
---------

Transaction ID : SB17.1238

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4773.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. NORTHWEST MANAGEMENT LLC**

Mailing Address 2169 CAMPUS DR

City	State	Zip Code
EVANSTON	IL	60208

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

65.35
-------

Transaction ID : SB17.1264

**B. PORTER GORDON SILVER LLP**

Mailing Address 3960 HOWARD HUGHES PKWY

City	State	Zip Code
LAS VEGAS	NV	89169

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2015

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.1282

**C. SARATOGA NATIONAL GOLF CLUB**

Mailing Address 458 UNION AVE

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.1331

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

515.35

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. SERAFINA FABULOUS PIZZA**

Mailing Address 1022 MADISON AVE

City	State	Zip Code
NEW YORK	NY	10075

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2015

Amount of Each Disbursement this Period

48.28
-------

Transaction ID : SB17.1291

**B. SHERATON**

Mailing Address ONE STARPOINT

City	State	Zip Code
STAMFORD	CT	06902

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2015

Amount of Each Disbursement this Period

518.73
--------

Transaction ID : SB17.1332

**C. SONOMA RESTAURANT**

Mailing Address 223 PENNSYLVANIA AVE SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2015

Amount of Each Disbursement this Period

42.75
-------

Transaction ID : SB17.1358

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

609.76



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 145 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. ST LAWRENCE COUNTY REP. COMM.**

Mailing Address PO BOX 775

City	State	Zip Code
CANTON	NY	13617

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 02 / 2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.1251

**B. STAPLES**

Mailing Address 752 UPPERGLEN ST

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 16 / 2015

Amount of Each Disbursement this Period

68.20
-------

Transaction ID : SB17.1293

**C. STAPLES**

Mailing Address 752 UPPERGLEN ST

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2015

Amount of Each Disbursement this Period

41.72
-------

Transaction ID : SB17.1294

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

609.92

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 752 UPPERGLEN ST

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 09 / 2015

Amount of Each Disbursement this Period

28.95
-------

Transaction ID : SB17.1295

**B. STAPLES**

Mailing Address 752 UPPERGLEN ST

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 09 / 2015

Amount of Each Disbursement this Period

9.03
------

Transaction ID : SB17.1296

**C. STAPLES**

Mailing Address 752 UPPERGLEN ST

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 18 / 2015

Amount of Each Disbursement this Period

112.35
--------

Transaction ID : SB17.1297

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

150.33

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. STEC FOR ASSEMBLY**

Mailing Address PO BOX 4668

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.1298

**B. SUGAR**

Mailing Address 425 MASS AVE NW SUITE 714

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.1351

**C. THE RIGHT COMPANIES INC**

Mailing Address PO BOX 27227

City	State	Zip Code
SAN DIEGO	CA	92198

Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2015

Amount of Each Disbursement this Period

4363.81
---------

Transaction ID : SB17.1301

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5113.81

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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PAGE 148 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. THE TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2015

Amount of Each Disbursement this Period

2823.99
---------

Transaction ID : SB17.1234

**B. THE TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
FINANCE CONSULTING/TRAVEL/FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2015

Amount of Each Disbursement this Period

7274.38
---------

Transaction ID : SB17.1235

**C. TOSCANA**

Mailing Address 601 2ND ST NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 25 / 2015

Amount of Each Disbursement this Period

449.90
--------

Transaction ID : SB17.1353

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10548.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. TOSCANA**

Mailing Address 601 2ND ST NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2015

Amount of Each Disbursement this Period

649.90
--------

Transaction ID : SB17.1355

**B. U-HAUL CENTER**

Mailing Address 6229 US 11

City	State	Zip Code
CANTON	NY	13617

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

Amount of Each Disbursement this Period

104.95
--------

Transaction ID : SB17.1248

**C. U-HAUL CENTER**

Mailing Address 6229 US 11

City	State	Zip Code
CANTON	NY	13617

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

109.95
--------

Transaction ID : SB17.1249

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

864.80

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. U-HAUL CENTER**

Mailing Address 6229 US 11

City  
CANTONState  
NYZip Code  
13617Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2015

Amount of Each Disbursement this Period

109.95
--------

Transaction ID : SB17.1250

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2015

Amount of Each Disbursement this Period

10.95
-------

Transaction ID : SB17.1302

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2015

Amount of Each Disbursement this Period

10.00
-------

Transaction ID : SB17.1303

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

130.90
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2015

Amount of Each Disbursement this Period

17.00
-------

Transaction ID : SB17.1304

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2015

Amount of Each Disbursement this Period

12.30
-------

Transaction ID : SB17.1305

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2015

Amount of Each Disbursement this Period

24.00
-------

Transaction ID : SB17.1306

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

53.30

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 152 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2015

Amount of Each Disbursement this Period

24.00
-------

Transaction ID : SB17.1307

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2015

Amount of Each Disbursement this Period

17.00
-------

Transaction ID : SB17.1308

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2015

Amount of Each Disbursement this Period

22.00
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Transaction ID : SB17.1309

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

63.00
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 06 / 2015

Amount of Each Disbursement this Period

21.36
-------

Transaction ID : SB17.1313

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 06 / 2015

Amount of Each Disbursement this Period

15.96
-------

Transaction ID : SB17.1314

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 12 / 2015

Amount of Each Disbursement this Period

32.00
-------

Transaction ID : SB17.1315

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

69.32

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2015

Amount of Each Disbursement this Period

59.10
-------

Transaction ID : SB17.1316

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2015

Amount of Each Disbursement this Period

10.95
-------

Transaction ID : SB17.1317

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2015

Amount of Each Disbursement this Period

15.15
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Transaction ID : SB17.1318

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

59.10

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 156 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2015

Amount of Each Disbursement this Period

7.56
------

Transaction ID : SB17.1319

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2015

Amount of Each Disbursement this Period

17.15
-------

Transaction ID : SB17.1320

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2015

Amount of Each Disbursement this Period

19.30
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Transaction ID : SB17.1321

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

44.01

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 157 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2015

Amount of Each Disbursement this Period

51.29
-------

Transaction ID : SB17.1322

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2015

Amount of Each Disbursement this Period

11.80
-------

Transaction ID : SB17.1323

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

28.03
-------

Transaction ID : SB17.1324

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

91.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

53.00
-------

Transaction ID : SB17.1325

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

Amount of Each Disbursement this Period

149.00
--------

Transaction ID : SB17.1326

**C. UNITED AIRLINES**

Mailing Address 233 SOUTH WACKER DR

City	State	Zip Code
CHICAGO	IL	60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2015

Amount of Each Disbursement this Period

434.10
--------

Transaction ID : SB17.1252

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

636.10

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. UPS STORE**

Mailing Address 55 GLENLAKE PKWY

City	State	Zip Code
ATLANTA	GA	30328

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2015

Amount of Each Disbursement this Period

625.41
--------

Transaction ID : SB17.1240

**B. US AIRWAYS**

Mailing Address 4000 E. SKY HARBOR BLVD

City	State	Zip Code
PHOENIX	AZ	85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2015

Amount of Each Disbursement this Period

580.20
--------

Transaction ID : SB17.1292

**c. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2015

Amount of Each Disbursement this Period

20.97
-------

Transaction ID : SB17.1268

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

625.41

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2015

Amount of Each Disbursement this Period

1.19
------

Transaction ID : SB17.1269

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2015

Amount of Each Disbursement this Period

8.19
------

Transaction ID : SB17.1270

**c. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2015

Amount of Each Disbursement this Period

245.00
--------

Transaction ID : SB17.1271

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

254.38



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 161 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

1.68
------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.1272

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

43.99
-------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.1273

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 16 HUDSON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2015

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

82.96
-------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.1274

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

128.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 162 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2015

Amount of Each Disbursement this Period

15.65
-------

Transaction ID : SB17.1275

**B. USPS**

Mailing Address 16 HUDSON AVE

City	State	Zip Code
GLENS FALLS	NY	12801

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2015

Amount of Each Disbursement this Period

249.66
--------

Transaction ID : SB17.1276

**C. WARREN COUNTY REPUBLICAN COMMITTEE**

Mailing Address 31 OAKWOOD DRIVE

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.1299

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

765.31

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 163 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. WASHINGTON COUNTY REPUBLICAN COMMITTEE**

Mailing Address 429 NORTH ROAD

City	State	Zip Code
GREENWICH	NY	12834

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.1281

**B. WILEY REIN LLP**

Mailing Address 1776 K ST NW

City	State	Zip Code
WASHINGTON	DC	20006

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2015

Amount of Each Disbursement this Period

5059.36
---------

Transaction ID : SB17.1360

**C. WILEY REIN LLP**

Mailing Address 1776 K ST NW

City	State	Zip Code
WASHINGTON	DC	20006

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.1361

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8559.36

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 164 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Elise for Congress**

Full Name (Last, First, Middle Initial)

**A. WILEY REIN LLP**

Mailing Address 1776 K ST NW

City	State	Zip Code
WASHINGTON	DC	20006

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.1362

**B. WILEY REIN LLP**

Mailing Address 1776 K ST NW

City	State	Zip Code
WASHINGTON	DC	20006

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.1363

**C. WOMEN'S REPUBLICAN CLUB OF SARATOGA COUNTY**

Mailing Address PO BOX 148

City	State	Zip Code
BALLSTON SPA	NY	12020

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.1241

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5300.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 165 OF 168

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elise for Congress

Full Name (Last, First, Middle Initial)

**A. IMPACT COMMITTEE**

Mailing Address 100 LUNA PARK DRIVE SUITE 156

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2015

City	State	Zip Code
ALEXANDRIA	VA	22305-3153

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Transaction ID : SB17.5518

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

INKIND- FOOD/BEVERAGES/FACILITY RENTAL

State: District:

Full Name (Last, First, Middle Initial)

**B. ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (O**

Mailing Address 1015 15TH ST NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2015

City	State	Zip Code
WASHINGTON	DC	20005-2605

Amount of Each Disbursement this Period

90.00
-------

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Transaction ID : SB17.5519

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

INKIND- FACILITY RENTAL

State: District:

Full Name (Last, First, Middle Initial)

**C. NEW YORK STATE CONSERVATIVE PARTY**

Mailing Address 486 78TH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2015

City	State	Zip Code
FORT HAMILTON STATION	NY	11209

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
REGISTRATION FEE

Transaction ID : SB17.1267

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1840.00

89281.79

	17		18		19a		19b
X	20a		20b		20c		21

## Elise for Congress

### A. STEVEN WELLS

Category/  
Type

State:  District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of Each Disbursement this Period

### Purpose of Disbursement

---

Candidate NameCategory/  
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State:  District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

### Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State:  District:

**SUBTOTAL** of Disbursements This Page (optional) .....

43.30

**TOTAL** This Period (last page this line number only) .....

43.30

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 167 OF 168

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Elise for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CSC CAPITAL LLC**Nature of Debt (Purpose):  
**FINANCE CONSULTING**

Mailing Address 38 CONDON ROAD

City State

STILLWATER

Zip Code

NY

12170

Outstanding Balance Beginning This Period

14000.00

**Transaction ID : SD10.890**

Amount Incurred This Period

2500.00

Payment This Period

16500.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**NEW FRONTIER STRATEGY**Nature of Debt (Purpose):  
**POLITICAL STRATEGY CONSULTING**

Mailing Address 315 KENTUCKY AVE

City State

ALEXANDRIA

Zip Code

VA

22305

Outstanding Balance Beginning This Period

37500.00

**Transaction ID : SD10.345**

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

35000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**THE TOWNSEND GROUP**Nature of Debt (Purpose):  
**FINANCE CONSULTING**

Mailing Address 1006 PENDLETON STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

2823.99

**Transaction ID : SD10.788**

Amount Incurred This Period

7274.38

Payment This Period

10098.37

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

35000.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 168 OF 168

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Elise for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WILEY REIN LLP**

Nature of Debt (Purpose):

**LEGAL CONSULTING**

Mailing Address 1776 K STREET NW

City State

Zip Code

WASHINGTON

DC

20006

Outstanding Balance Beginning This Period

5059.36

Transaction ID : SD.90999

Amount Incurred This Period

7500.00

Payment This Period

12559.36

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

0.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

35000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

35000.00